- STATE

REGISTRAR

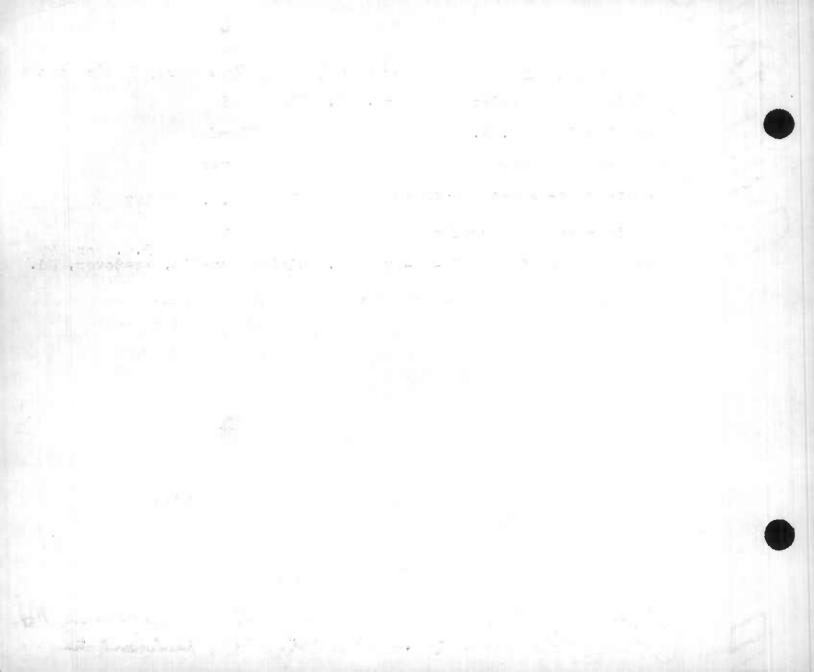
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.



20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) ESTHER BACON A. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR 3. SEX May 26, 1904 White Female TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Wicomico Delaware WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Peninsula General Hospital Salisbury None USUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE DUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? Delaware Delmar ussex 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST illiam Bacon Ellen Kenney Martha 17 INFORMANT 19940 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) 4-10-9549 Rt. #2 No Naomi Townsend Delmar. De 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: EDEMA IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN CERTIFYING CAUSES OF DEATH? NO NO [ YES T 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 22a I certify that (44 (this hospital) attended the deceased from saw the deceased alive an. Z, and that in (my) (our) apinion death accurred on the date and have and from the causes stated above, it) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN [ 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Delmar Sussex D 24 FUNERAL DIRECTOR DRIMH - 16 50M A/83 Marvel-Short Funeral Home Delmar. (VRA 15, 4)

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Marie M. Start W. Santa College Late the second of the second pager in a series . For X x Till detroit? but you bid the test sentance only your economics of the Marie Contract State of the Contract of the Co THE SECTION OF THE PERSON OF THE PARTY OF TH The same of the sa there It that tank the 32 Welley Cont. Sucrement there are The same resided restaural real March Delicar Delicar Delicar Achte Carte Charles Track - Carte

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEASED NAME Zo. DATE KNOWN 🗭 26. HOUR (TYPE OR PRINT) ESTI ames Dogog DEATH MATED SEX 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED M DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED C 3 mar 2 1 Md. U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH I NAME OF Otis Elevator-Mechanic HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS Ocean City 21842 13d. INSIDE CITY LIMITS? 30 STATE 13c. CITY OR TOWN Worcester Ocean City 13204 Constitutional Ave. Md. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME James S. Baker Mary Kilchenstein 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) Ave. 1952-1954 212-26-0843 Yes Helen C. Baker 13204 Constitutional 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) Ocelycion PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DVONAVA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO P DEPARTMENT PRIOR TO BUT 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy ond in my opinion FUNERAL DIRECTO death resulted from: Homicide Undetermined monner ACTUAL EXAMINER'S NAME 409 Cande 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION COUNTY STATE Burial 11-27-84 Balto. Gardens of Faith Md. Balto BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** John C. Miller Inc. 6415 Belair Rd. Julia Davidson-Randelle (VR A15 ME (5))

THE STATE OF THE S

11/5/1984

Holloway Funeral Home, P.A., Salisbury, Md.

FOR

REGISTRAR

DECEASED NAME

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Springhill Memory Gardens Hebron

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MONTH

26. HOUR

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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Wicomico Maryland

REGISTRAR 216 REGISTRAR'S SIGNATURELONE

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DAYS

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should be der		Craig Schae:		100		#7 Med	lical	Ctr.,		oury, M	D 21801
3 3 7		BURIAL, CREMATION, REMOVA (SPECIEV) Urial	11/28			EMETERY OR CRE		23d. LOCATION CITY OF TO	WN	COUNTY	STATE
4/83	24 F	urtat uneral director nna Burbage,		ADDRES	5			Pk Berli REC'D. BY REGIS		L'O SE HISTRAR'S SIGNA	TURE MD

STATE OF MARYLAND

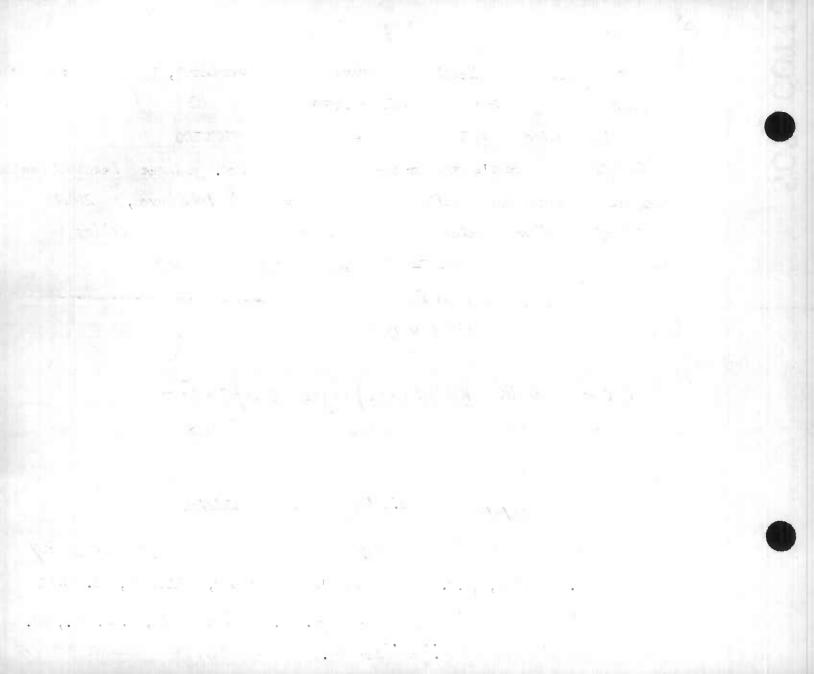


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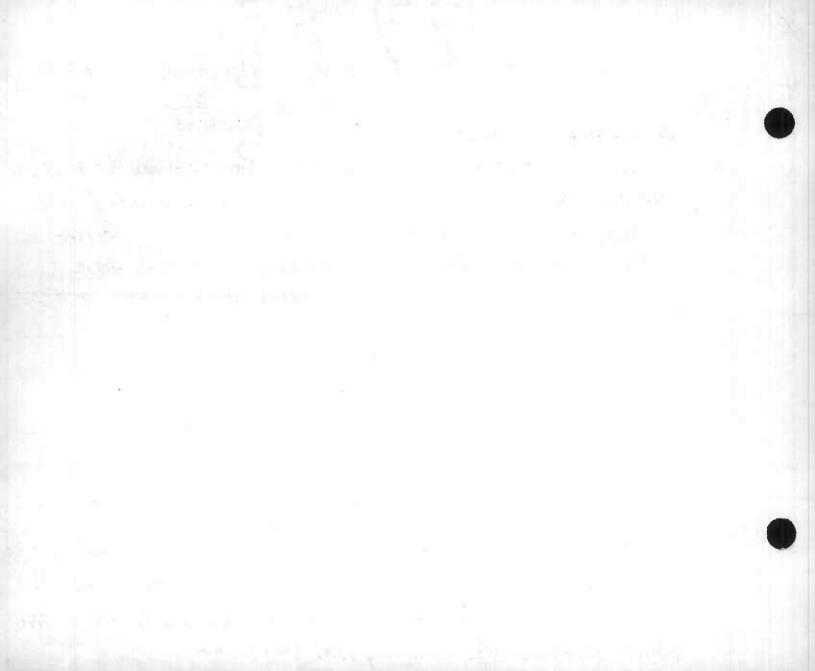
## CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR Charge NC) 34971 November 2, 1984 7:45 Scott Brice Walter 6. AGE | IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH July 22, 1902 YEAR White Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE 1 STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WICOMICO South anolika WIDOWED A DIVORCED [ O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Salisbury Deer's Head Center Ret. Engineer Merchant Marine 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21811 Lake Haven Maryland Berlin orcestire NO X 15 MOTHER'S MAIDEN NAME Mobley MIDDLE Love Brice Richard In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Donald Brice Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG DIVISION OF VITAL RECORDS, CU 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO I 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF FITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOI WHILE 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an ... and that in (my) (our) opinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS TYPE OR PRINT! Deer's Head Center, Salisbury, Md. 21801 M. Shresthe. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 11/6/ Glen Haven Mem. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Mc ully Funeral Homes Patapsco Ave. (VRA 15, 4)

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DHMH : 16 50M 4/83	1	INERAL DIRECTOR	0 1	Rt. #2	JEISCH DA 250 DA	TE REC'D. BY REGISTRAR 755 REG	19TRAR'S SIGNIHURE Day doon Hander
(VRA 15, 4)	J	DIEY MEMORIA	L ChAF	EL SAISBUT	y Ma, NU	V 5 1984 Wha	www.ason-Nadorec



## and campletely filled in by the funeral direct oggs. PHYSICIAN The low requires that the death certificate be executed within 24 hours ofter death. Page should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician

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IMPORTANT: If Item 21 is marked

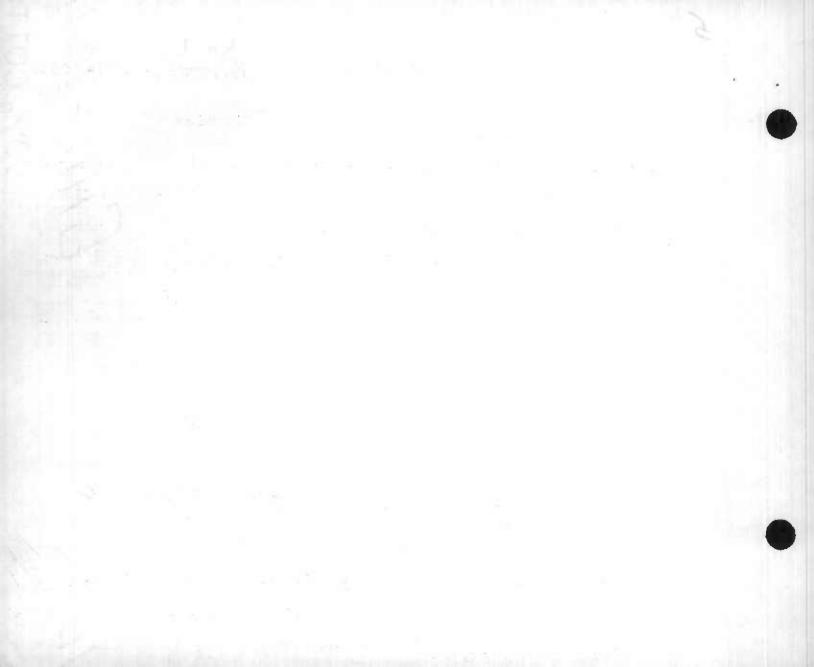
Holloway Funeral Home, p.a.

## DEP

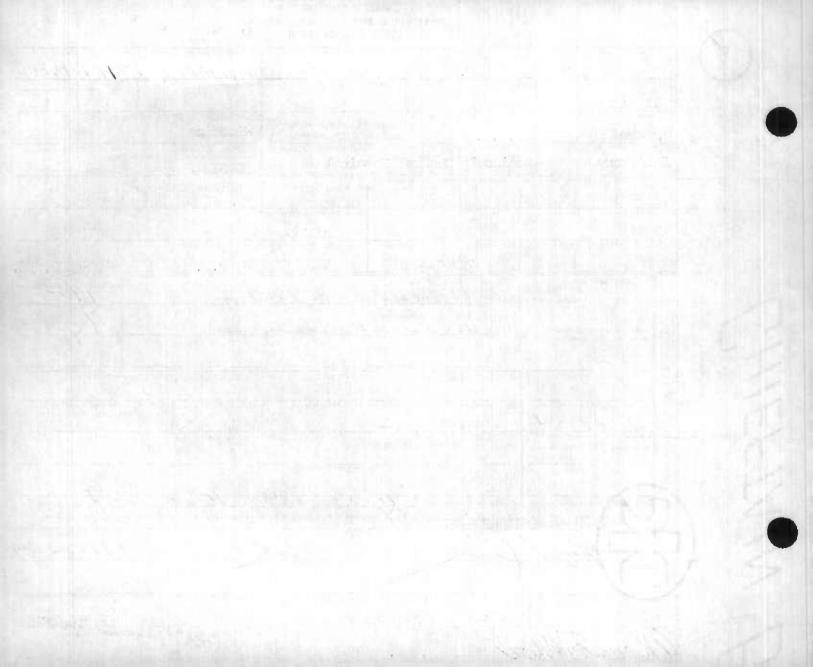
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PARTMENT OF HEALTH AND MENTAL HYGIENE	60		3	1	3	1	
CERTIFICATE OF DEATH		REG.	NO.				

REGIST	RAR				CERTII	ICATE OF DEATH	REG. NO.		
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230 BURIAL, (	_	REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF JOWN	COUNTY .	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



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74	- STATE REGISTRAR	CERTIFICATE	The state of the s	NO.
2 6	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	bell 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
- A ( \$ C )	Evelyn	Jane Campt	ell Noveme	
	Female Whi	te 5. Date of Birth	1930 6 AGE (IN YEARS LAST 6	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS
2 30 36		N OF WHAT COUNTRY?	EVER MARRIED 9 BALTIMORE CITY WICOMICO	OR COUNTY OF DEATH
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1000 man	Samuel Joseph	Manuel	Mary Lena	Layfield
n ond medic	WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DA	CES? 166 SOCIAL SECURITY NO. 17 INF	ORMANT Mr. Robert R. one as #13e	Campbell (Hysband)
RDS, 201 W. PRESTON Sequires that the death censigned by the attending. Then please remove carb. It aburial, cremation, or injury, or other traumatic.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIO	TO, OR AS A CONSEQUENCE OF  (b)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	LATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 116
NG PHYSICIAN: The low requir of the ording physician. The service the this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to the ond Mental Hygiene prior to arked artitem 18 shows any injury	190 DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?  YES NO	19b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO P
OF VIT. CLAN: 1 CCIAN: 7 CCIAN	OR CONTRIBUTION CALLES OF DEATH MOL	IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19	OW INJURY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART 2)
G PHYS attending of the bury ond Me cond Me charter the bury ond Me charter the bury of th	21d INJURY OCCURRED 21e P		CATION STREET CITY OR	OWN COUNTY STATE
R ATTENDIN hospital or RECTOR, Attended for use a per of Health term 21 is man	above, (1) (we) (did) (did not) view the	body alter death. and that i	n (my) (our) opinion death accurred on the	
by the ERAL DI CERAL	276. SIGNATURE  276. PHY IV. A. "S NAME (TYPE OF PRINT)	Olyford MD	ATTENDING MEDICAL ST PHYSICIAN DIRECTOR PHYSICIAN	AFF ICIAN   11/19/84
TO HOSPITA etoined by TO FUNERA should be di with the Sto	dames h.	CRIEGORD So	ITE #12 MEDICAL CEN.	TEE SALISBURY MR.
	Burial Burial 23b. DA		CITY OF TOWN	oron Wicomico Maryland
BP	FUNERAL DIRECTOR		250 DATE REC'D. BY REGISTRA	RESEARCE STRATES SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Holloway Funeral Ho	me, P.A., Salisbury, M	arylan 10V 26 1984	June very don pomose

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1- FO REG				AARYLAND I AND MENTAL I CERTIFICATE (	46. 30	3 REG. NO.	600	
(TYPE OF	san			CHANDLER,	gr. DEATH	KNOWN X MON	14-84	1438 HOUR
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FOREIG	HPLACE (STATE OR IN COUNTRY)	76. CITIZEN OF WHAT COUNTR	WIDOV		CED [	Wicomico		MD
Sal	isbury		neral He		FOR MOST OF WO	JPATION (TYPE OF WO DRKING LIFE)	OR INDUS	otute
Ide STA	Md Word	rother institution, give residence before  13c. CITY OF  ester  Ber		13d. INSIDE CITY LIMITS? YES NO	411 Wash	ington St	., 21811	
Cs	IER'S NAME FIRST  CUT Sheldon (hos deceased ever in u.s. ara	andler, Sr.	L SECURITY NO.	MICON Q		ADDRESS	LAST	
ives y	NO, OR UNKNOWN) (IF YES, GIVE V	9-51 218-	24-4848	Helen H.	Chundler	Berlin,	Mid.	TE INTERVAL
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) DUE TO, OR AS A CONSE  (b) DUE TO, OR AS A CONSE  (c) ONTRIBUTING TO DEATH BUT NOT RELATED	OUENCE OF	E OR CONDITION GIVEN IN P.	ART 1 (a)-			
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A	220 I certify that I took charge	e of the remains described above, al causes X, Accident	held an Autap	Hamicide  TITLE (SPECIFY)  Deputy	Undetermined m	nanner .	y apinian	5-84
()	(AMMER'S NAME Earl		D.	ADDRESS 409	Camden		alisbury	y, Md
24 FUN	Eurius Eral director	11-17-84 Ev	ME OF CEMETERY C	emeteau  250. DATE	Bertin REC'D, BY REGISTR	AR 256 REGISTRAR	er, Md.	STATE
	rich Funera	1 Home, Berli	in, Md.	NO	V 2 0 198	4 -1 20	the source of the	

Mirell Short A-We leader H. Jamiles Leaving Series And the state of t Harry Mary Branch Andrew Holes Day

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

1 - STATE

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 28 DATE KNOWN TE MONTH 2b. HOUR (TYPE OR PRINT) 11-18-84 2040 CHERIX BLANCHE EDITH DEATH MATED 19 4. RACE SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 2040 female TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico DIVORCED WIDOWED & arvland O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS Peninsula General Hospital Salisbury housewife SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) H36 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Morcester Pocomoke YES T NO [ arket 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Thomas Wilkerson Della Coffin James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Route 2, Box 37 YES, NO, OR UNKNOWN) [ IF YES, GIVE WAR OR DATES] 218-05-8590 Mason Pocomoke City. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease years IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BOR YES -218 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 23 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE BACTIMORE, MARYLAN Saturol causes Accident Homicide Undetermined monner TITLE (SPECIFY) 11-19-84 Deputy SIGNATURE MEDICAL EXAMINER Camden Ave., Salisbury, Md. EXAMINER'S NAME Royer Earl L. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Goodwill Meth.Cem. Worcester Buria ocomoke Md. BP TO RESISTRAR'S SAMIATUR DHMH - 17 & Melson. Pocomoke. Md. (VR A15 ME (5)) 20M 4/B2

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prior

and Mental Hygiene

MPORTANT

MEDICAL

STATE OF MARYLAND

5. DATE OF BIRTH

10

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Dahlgren

At Home - Greenbank

Salisbury

166 SOCIAL SECURITY NO

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

Christensen

MARRIED X NEVER MARRIED

YES |

arrist

02 DAY 1912 YEAR

13d. INSIDE CITY LIMITS?

Yutta

NO [

15 MOTHER'S MAIDEN NAME

Greenbank, Sal

NE A 3	5 0 0
REG. NO.	3/603
a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
November 4, 1	984 <sub>M</sub>
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
72 YRS.	MONTHS DAYS HOURS MIN
BALTIMORE CITY OR COUNT	Y OF DEATH
Wicomico	MD,
20 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
Physician	Gynecology
se street address Greenbank	21801
WIDDIE	Dahlgreen
Mary H. Christen isbury, Maryland	sen (Wife) 21801
ainte Myrer	APPROXIMATE INTERVAL BFT WEEN ONSET AND DEATH
anty dis	<u> </u>
AL DISEASE OR CONDITION GI	VEN IN PART 1(a)

gove rise to immediate cause (a), stating the DUE TO, OR AS CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Joseph Badros

saw the deceased alive on.

22e ADDRESS

DEGREE

Eastern Shore Drive, Salisbury, Md. 21801

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY Burial 11/6/1984 Wicomico Memorial Pk

231. NAME OF CEMETERY OR CREMATORY

ATTENDING

Salisbury Wicomico Maryland

22c. DATE SIGNED

24 FUNERAL DIRECTOR

226 SIGNATURE

FOR

Male

New York

Salisbury

Maryland

4 FATHER'S NAME

(YES, NO OF UNKNOWN)

Conditions, if ony, which

Carl

I CITY OR TOWN OF DEATH

BIRTHPLACE ISTATE OR FOREIGN

REGISTRAR DECEASED NAME TYPE OR PRINT

Osborne

4 RACE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 ...STATE 1136...COUNTY 1137...CITY OR TOWN Wicomico

Christian

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

above, (1) (we) (did) (did not) view the body ofter death

18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

White

76 CITIZEN OF WHAT COUNTRY?

Christensen

DUF TO OR ASI'A CONSEQUENCE

U.S.A.

- STATE

1. SEX

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNAR BADER Holloway Funeral Home, P.A., Salisbury, Md. 21801 NOV

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

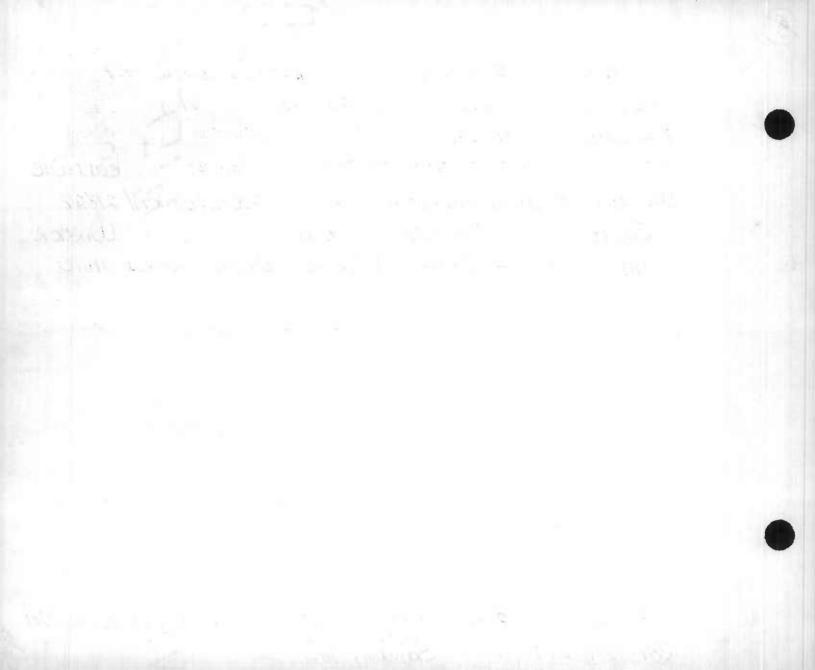


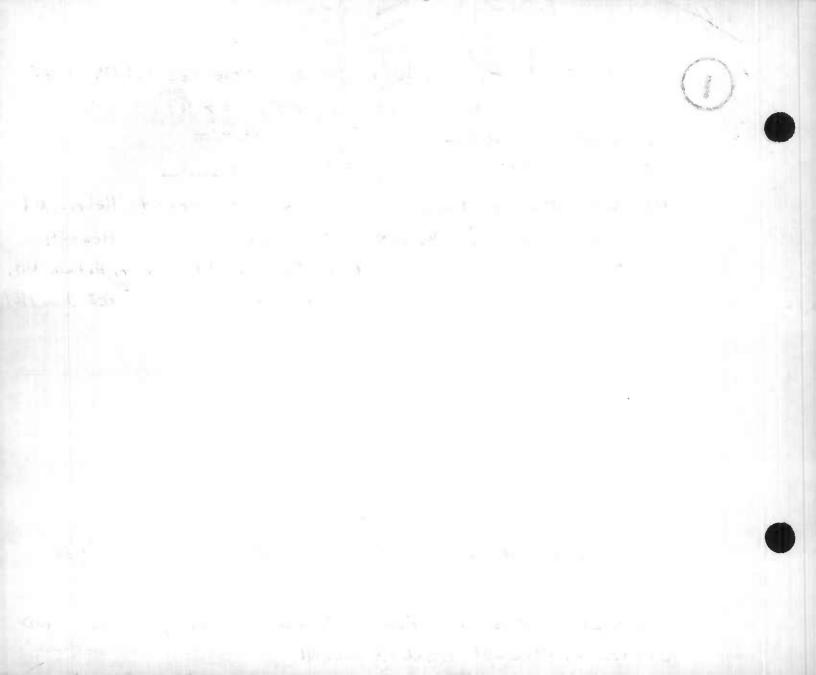
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		FOR	DEI		E OF MARYLAND EALTH AND MENTAL HY	GIENE	7 1 6	0 6
(2)	1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO	3	
		CEASED NAME FIRST	MIDDLE	Λ'	AST .		MONTH DAY YEAR	26 HOUR
À de la companya de l		Dulilah		Ux	nish	1	- 4-84	1 DM
4 A B	3. SE	E	Black	S. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
Pood ( A )		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	10 03	9 BALTIMORE CITY OF	COUNTY OF DEATH	
e e		Md.	USA	WIDOWE	D NEVER MARRIED DIVORCED	W.C	onico	MD
offer of the content	10 CI	Alisburu	11. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GM		HONE.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR Y
24 hours filled in the ould be filled in the	USU. 13a. S	AL RESIDENCE (IF NUISING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136. CITY O	E BEFORE ADMISSION)	13d, INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIB-GODE	21837
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours ratherding physician and completely filled in the ost the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fit than and Mental Hygiene prior to buriol, cremotion, or removal.  On them 18 shows any injury, or other traumatic event, the medical examiner most be maded or them 18 shows only injury.	14. FA	THER'S NAME	MIDDLE LA	S1 &C	15. MOTHER'S MAIDEN NO.	AME	S	anlou
MORE, Nond composes 1 c		VAS DECEASED EVER IN U.S. A	- 00	L SECURITY NO.	17. INFORMANT	ADDRES	_	and the said
LTIM		NO  -	- Jaco (	71-1111	Devotolina	DOUBLE KT	1 BOX495 M	DXIMATE INTERVAL N ONSET AND DEATH
ST., BA		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per line to (a), ED BY: NTE CAUSE (a)	ardi	ac ar	rest	BETWEE:	N ONSET AND DEATH
ston certaing e corbing a corbin or r		Conditions, if any, which	DUE TO, OR A CON	SEQUENCE OF	= annle	Maria		\/
the off the off remover remotive her front		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF	1	1		7
s that ed by please rial, or		underlying cause last	(c)	> 0	ew.			
RDS, 2	NO NO	PART TOTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IC TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONL	IIION GIVEN IN PARI	IIa
L RECOIL	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200 F YES, WERE FIND TO CERTIFYING CAUSE YES -	
DF VITAL  Clan The  physicion  Tificote h  Altronsit p  fol Hygier  m 18 sho	L CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	LIQUID A M MONIT	H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR PART 2)	
ON OF	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
VISIG G PH order order ked o	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TOV	NN COUNTY	STATE
NDIN I or of		220 1 certify that (1) this hosp		VV	19.0	, to	. 19.8	, that (I) (we) last
R ATTE hospital hospi			of view the body after death.		nd that in (my) (aur) apiniar DEGREE	death accurred on the da		TE SIGNED
F 0000		27h. SIGNATURE	Maldu	<	ATTENDING PHYSICIAN	MEDICAL STAF	-/ 11-	-4-84
OH STATE		PHYSICIAN'S NAME (TYPE	SVE W	Ď	720. ADDRESS	Kuplin	UG DIZ	
PP	23a. I	SURIAL, CREMATION, REMOVA	1 236. DATE 11-8-84	1 1	EMETERY OR CREMATORY H CRMR. + 126-	23 LOQ GIV PR TOW	dollar.	C'all.
DHMH - 16 50M 4/83	24 F	JNERAL DI	MANY FUNEDAL HOME		25a P.f	TE RECE BY REGISTRAR	The REGISTRAR'S SIGNA	ATURE
(VRA 15, 4)		A WE	OKS FUNERAL HOME ST RD.& BOOTH ST.			07 0 3 1904	Julia Davidson	-Randolle

TOTAL STATE OF THE NUV OF BEAUTY OF STATE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR 0025AN IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY same as abo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 40003 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) STATE 19 8 - , and that in (my) (eer) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN POIRECTOR PHYSICIAN DHMH - 16 50M 4/B3 1 day - gandell (VRA 15, 4)





1	1-	FOR STATE REGISTRAR		DEPARTMENT O	FHEALTH	AND MENTAL H	63 64	3 1 REG. NO.	609
	1. DE	CEASED NAME FIRST	aw.	MIDGLE .	C	LAST	OF	KNOWN MONT	H DAY YEAR 26. HOUR 4 1984 2039
1000	1 SE)		5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRT	7.10		24 HRS 2c. DAT MIN. PRONOL DEA	JNCED ,	
- THE PERSON NAMED IN COLUMN 1	PO	RTHPLACE (STATE OR REIGN COUNTRY MARYLAND	76. CITIZEN OF WE		WIDOW	ED NEVER MARR	ED L	MORE CITY OR COU LCOMICO	NTY OF DEATH
POTHE STANDS	1	Salisbury	Peninsi Peninsi	PITAL, NURSING HO. CILITY, GIVE STREET ADDRES LIA Gene:	ral H		120. USUAL OCC FOR MOST OF WI Seamst	ORKING LIFE)	N 126 KIND OF BUSINESS OR INDUSTRY Self-employe
AND STANK	Llu. S	Md. Som		13c. CITY OR TOWN Princess	1	13d INSIDE CITY LIMITS? YES NO		RESS arwick Tra	iler Park
ME. MD.		ATHER'S NAME FIRST  Benjamin  VAS DECEASED EVER IN U.S. ARA	F.	Johnson	DITY NO	Molly  17. INFORMANT	EN NAME		orsey
BALTIMO GNE PL WITH FO PAGES INVISION	_	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	213-24-04		Mrs. Agne	s Tyler	Lav	wsonia Rd. d, Md. 21817
ON ST., 124 HOU ITEM 18 MERMIT GRENE, D	1	PART I DEATH WAS CAUSED    DEATH WAS CAUSED	BY:	ul me		2 Sul	rlus		BETWEEN ONSET AND DEATH
W. PRESTON D. WITHE ENCIL IN TE MAINER ALD TRANSIT H'THE REMOVA		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> -	(b)	FX L	8-1	tip-			Works
301 IN PINE		Jying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).		
LRECORDS, UID BE EXE "PENDING" "PENTH AN HEALTH AN CREMATION	CATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUTOPSY?
OF VITA OF VITA THE SHC THE CHI ULD BE UP MENT OF	CERTIFIC	210 EXTERNAL CAUSE WAS UNDERLYING OP-	21b. TIME OF HOUR A.M			OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR	YES NO T
DIVISION S CERTIFIC RITING TH RADED TO E B 3 SHOUL E DEPART	MEDICAL	CONTRIBUTING CAUSE OF E	P.M. PLACE C	10 /6 199	21F. LQ	CATION STREET	t 1 Paryon	OWN J.	COUNC STATE
LER: THIS TATE, WR FORWAR OR: PAGI		220. I certify that I taak charg	e af the remains desc	cribed abave, held an	Autop	sy . Inspection	TAVIC	The Home	apinian W
EXAMIN CERTIFIC OULD BE DIRECTO	N	death resulted fram: Natur	al causes ,	Accident ,	Suicide	Hamicide TITLE (SPECIFY)	Undetermined r	n control Cit	11-5-84
MEDICAL CUTE THE SE 4 SHOI FUNERAL ER DEATH	,	EXAMINER'S NAME EX	~110	Rom	ev M	ADDRESS 439C	MEDICAL EXA	MINER SIGI	NED He
AB EXECU-	23a.Bl	JRIAL, CREMATION, REMOVAL 2 PECIFY Removal	36. DATE 11/7/84	23c. NAME OF C			23d. LOCATION CITY OR TOWN	Ç	DUNTY STATE
DHMH · 17 (VR A15 ME (5)) 15M 7/77	24. FU	INERAL DIRECTOR  Anatomy Bo	ard ADDRESS	Balto.,	Md.	NOV	0 9 1984	PAR 1256. REGISTRAR'S	A

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111			FOR STATE				-					ENTAL H	ED 2		3	1	0 1	U	
May			REGISTRAR		FILES					NER'S		CATEO			REG. N	-			
( R	1		CEASED NAME E OR PRINT)	()		Ronald	d	WIDDLE	D.	0 -	LASI Cr	isp	20	OF	NOWN E	HTMOM	DAY	YEAR	1554
1 48	EET,	2.05	,		ONS	5 DATE OF	C DIDTU	D.	A ACE (III	YEARS IF U	120	IF UNDER	24 MDC 24	DEATH /	MATED L	MONTH	DAY	1987	2d. HOUR
- E	210	3 SEX	M	I. RACE	)	MONTH	DAY	YEAR	LAST BIRT	HDAY) MON		HOURS		DATE ONOUNG DEAD	ED	10	2.3	04	1554
T D	5F6	7. 01	RTHPLACE (ST	ATE OR		76 CITIZEI	2C	4L	43	YRS.			9		RE CITY	OR COUN	TYOED	EATH	W
A 100	6世 3	FO	REIGN COUNTRY)		3.47	Va Ciliaci			ALK !	WIDO		EVER MARRI	ED L	w		suni			
A 35	2037		rginia TY OR TOWN (	OF DEATH	1	11 NAME	OF HOSE	S.A.	RSING HO	ME, OR OT			12a. USUA	L OCCUP	ATION (TY		12b KIN	ID OF BUS	
¥4.	1150	5	alish	nur	1	THE RE	N SUCHEAC	ILITY, GIVE S	TREET ADDRES	San	1 Vh	cl. Ctv	1	ST OF WORK		2000	OR	INDUSTR	Υ
3 70	20907		AL RESIDENCE	IF IN NURS			TUTION, GIV		BEFORE ADM		1			1	p Man	lager		-	
SET AND			ryland	1	INUUU I Ra <b>l</b> t	imor	0		OR TOWN		YES -	NO X			s d Ave	nue	2	1052	
9 50	2550		ATHER'S NAME		Dar					11.0	15 MOTH	IER'S MAIDE		MID		iiuc		AST	
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MO ER D PAG	N N N		WAS DECEASED			NED FORCE			CIAL SECU	RITY NO.	17 INFOR	THAM			ADDRES	s 940	4 To	dd Av	enue
ALTI AFF	AAGE	No			1 123, 0172 1	AR OR DAILE		219	-38-	1967	San	dra L	Cris	p	Ft.	How	ard,	MD 2	1052
T., B	5 8		18 CAUSE OF	DEATH	(Enter only	ane couse	per line	for (a), (b	), and (c).)	0	11		There		1	L	BETT		AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. S. CERTIFICATE SHOUD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN	E: MEDICAL EXAMINE SED AS A BURIAL - TRA THEALTH AND MENTAL AL, CREMATION, OR RI		PART 2 OTHER SIG	NIETCANT C	O NOITIONS C	ONTRIBUTING	TO DEATH B	HT NOT BEI	ATEO TO THE Y	EDMINAL DICEA	CE OB COMOUNT	AN OWEN IN BU	NY 1						
OR OR	THE	Z	TAKE Z OTHER SIG	mi icani ci	onomon) <u>c</u>	ONTRIBUTINO	TO DEATH B	OT HOT KEL	KILO IO INE I	ERMINAL DISEA	SE OK COMOIII	UN GIFEN IN PA	KI K Jak						
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N NO	ESW6	CERTIFICATION	210 EXTERNA				TIME OF		DAY VI		OW INJUR	Y OCCURRE	D (ENTER NA	URE OF INJU	RY IN ITEM 18	PART I OR P	_		
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ATE, T	DRW FE ST FD, 2		22a I certif	y that I to	oak charge	of the ren	nains desc	ribed abo	ove, held a	n Auto	psy .	Inspection	9.	Inquiry		nd in my o	pinian	5 1	
NA OFF	当日中国	1	death resulte	d fram:	Notyro	al causes [	n	Accident	9.	Suicide	], Ham	icide .	Undeterr	nined mor	ner .				
GERT SE	DIRECT WITH WARYL		ACTUAL	-	8	0 1	12				TITLE	SPECIFY)				DATE	14.	14.0	N.
	SHOULD ERAL DIR EATH, WI ORE, MAR		ACTUAL	10	0	6	1	X		/	M.D. De	board	MEDIC	AL EXAMI	NER	SIGN	ED	24-8	
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5 X Y	PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, M	23a.B	(TYPE OR PRIN		AOVAL 23	b DATE		1230	NAME OF	CEMETERY	OR CREMA	TORY	23d LOC	ATION					
BP_		1	SPEC(FY)	mati		11/2	6/84			ew Cre			Balt	imor	e	COL	Ма	rylar	-
	MH - 17	24. F	UNERAL DIREC			Ruck,						250. DATE	REC'D. BY R			SISTRAR'S			
(VR A	15 ME (5))		7922	Wis	e Av	enue,	Dun	dalk	MD	21222	2	NOV	26	1984	Grove	Lind	Son-V	fandel	2
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

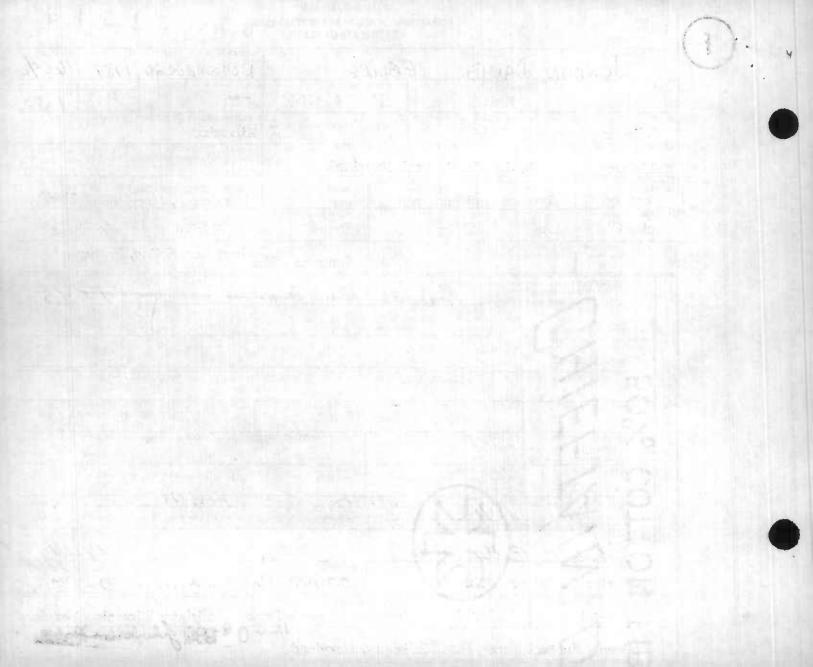
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	STATE OF MARTLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
A D	CERTIFICATE OF DEATH

-	1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	6 1	0
1		CEASED NAME	FIRST	A	MDDLE	ı	AST	26. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	TITPE	OR PRINT)	Mil	dred L	- ELLIOT	Т			11-27-	84	9:05 AM
	3. SEX	(		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS	IF UNDER 24 HRS
1		Female		White		08	20 <sup>DAY</sup> 1910 <sup>EAR</sup>	74	YRS.		HOURS MIN.
h	7a. Bif	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
1		arksley, Vir		U.S.A.		WIDOWE	DIX DIVORCED	WICOMICO C			MD.
V)	10 CT	TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	DDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST OF	ON OF WORKING LIFE)	126. KIND OF	ey's Fair
4		LISBURY  AL RESIDENCE (# NURS			RY NURSIN		E	Sales pers	ion	Wille	y s Fair
9	13a. S		136 COUN		134. CITY OR TOWN Salisbur	V	13d. INSIDE CITY LIMITS? YES NO	714 Golds	orough	Street	801
1	14. FA	William	E	MIDDLE	Young		15. MOTHER'S MAIDEN NAM	WE		Bac	well
-	16a W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 # 150 011 44 17	ADDRE	SS 1		
/	{7	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-20-	1270	714 Goldsbord	Louise E. Nough Street,	Salisbur		21801
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	ly one cause per D BY:	line for (a), (b), and		TORY A	MEST		BETWEEN C	MATE INTERVAL
			IMMEDIA	E CAUSE (a)	1(2)		Tory It	0,0,00			
Ħ		Conditions, if any,	which	DUE TO, OF	RAS A CONSEQUE	CES-	THE 19	FARCT			
		gave rise to imm cause (a), statin	nediate	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		underlying cause	fast	(c)_	MAR	19/104	sani's m	18EUSE			
i	NO	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ho	
5	CERTIFICATION	190 DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	OF DEATH?
1	ERTI	210. ACCIDENT WAS UNE	DERLYING T	1 21b. TIME O	F IN IURY		21c HOW INJURY OCCURR	YES NO	YES [	LOB PART 21	NO 🗌
2		OR CONTRIBUTING (	AUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR		(2.112.114.042.07.119.0		0.11.11.12	
1	MEDICAL	214. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
5	¥	AT WORK NOT WH	ILE	[AT HOME STR	EET, FACTORY, OFFICE FA	CI /		111	/	0/	
		22s.1 certify that (1)		11/m	deceased from	XII	19.00		, 19.		hat (II (we) last
	3	saw the decease above, (1) (we) (c	ed alive an did) (did no	view the body	after death.	l	nd that in (my) (aur) apinion o	death accurred an the d	ate and haur or		
į.	130	726 SIGNATURE	1	Nil.	H.		DEGREE ATTENDING _	MEDICAL _ STA		22c. DAJE	SIGNED
		THE PHYSICIAN'S NO	WAE HINE	- UTOW	dus		PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	IAN []	1/6/	18/
		DD LITT	TAM D	OPTMC			DT 50 C CTV	TO ATTE CAT	TCDUDY	100 2	1001
	23a. B	DR. WILL BURIAL, CREMATION,		OBINS 123b DATE	123c N	IAME OF C		TC AVE, SAI		MD 2	
		SPECIFY) Burial		11/30	/1984 W	ashino	ton United Chi	urch Cemete	ry Salis	PATO	Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

14 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE June Davidson-Handale

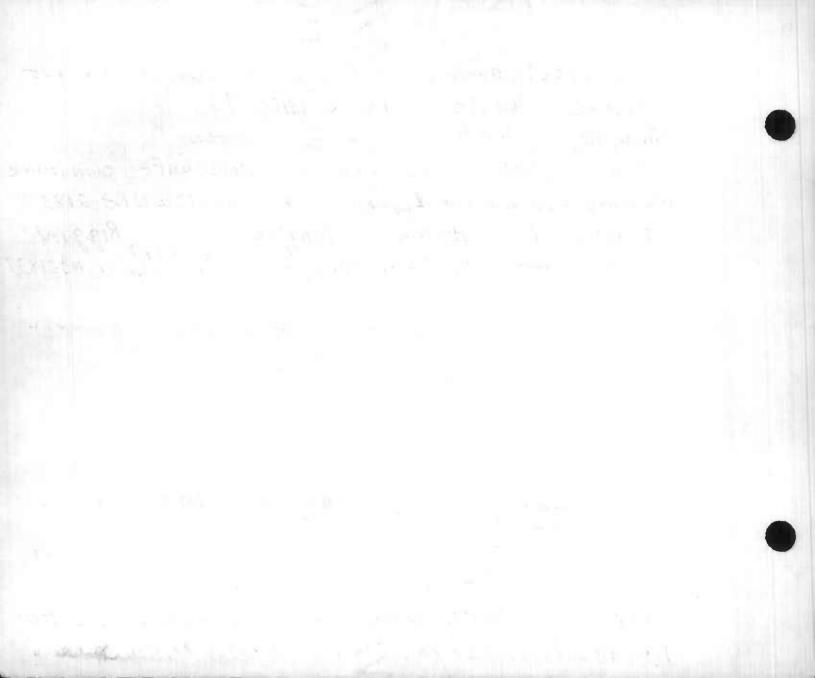
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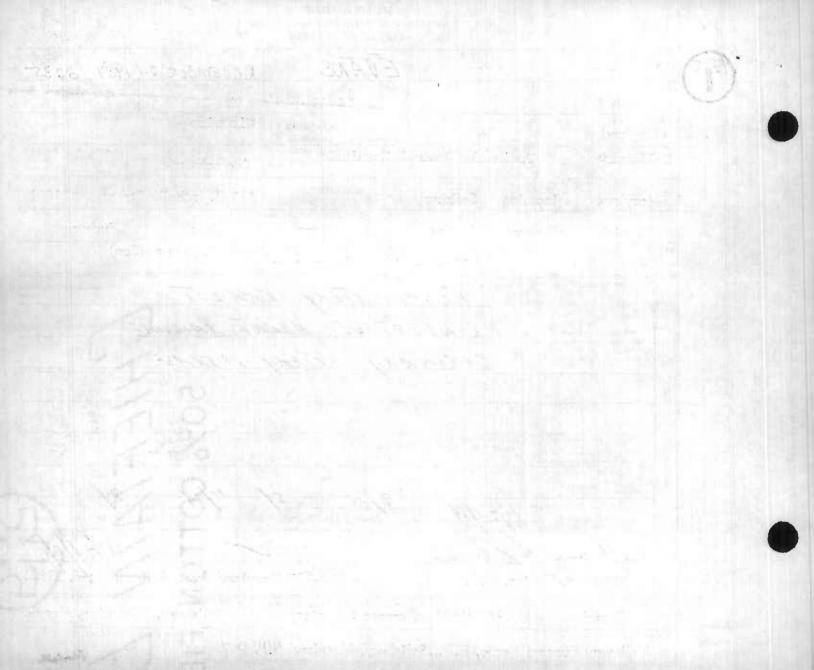
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DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



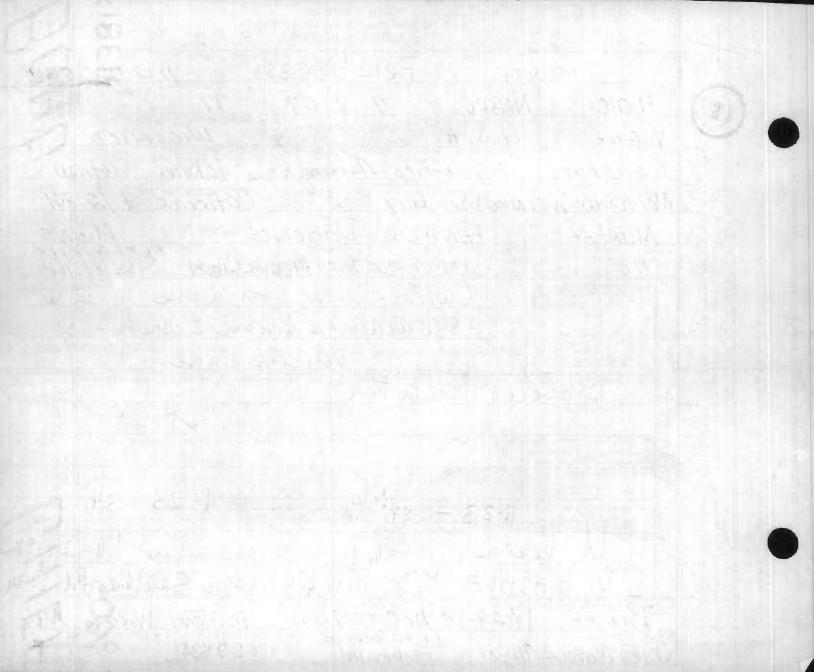
Statement of the last	1 DE	STATE REGISTRAR  CEASED NAME FIRST OR PRINT	MIDDIE	CERTIF	POORS C	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b.	. HOUR
1		Eva	Louise	EV	ANS	NOVEMBER 24		235 N
-	3. SE	× Female	White	S. DATE (	B DAY YEAR	6. AGE (IN YEARS EAST BIRTHDAY)  83  YRS.	MONTHS: DAYS HO	UNDER 24 HRS
36		RTHPLACE (STATE OR FOREIGN COUNTRY) and	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED DO DIVORCED	WICONIECTY OR COUNT	Y OF DEATH	MD
80	Sa	TI OR TOWN OF DEATH	11. NAME OF HOSPITAL, N. Penishsula III.	URSING HOME (	Spital	120 USUAL OCCUPATION  11791 OF WORK FOR MOST OF WORKING OF STEESS	126 KIND OF BI	USINESS OR
26	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Wico	OTHER INSTITUTION GIVE RESIDENCE 1TY DR. CITY OR Salisbu	BEFORE ADMISSION)	138 INSIDE CITY LIMITS? YES NO	135 SPEET ADDRESS / ZIN COU	Street	21801
191	14 FA	Daniel Ed	ward Watso	'n	15. MOTHER'S MAIDEN NA. Flora	Jane Jane	Furbüsl	า
Jedicol J	16a V	NAS DECEASED EVER IN U.S. ARAYES NO OR UNKNOWN) (IF YES, GIVI		SECURITY NO.	Same as #13		(Son)	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for to !	b), and (c)	150.00	ALLEST	BETWEEN ONS	E INTERVAL
ony injury, or orn	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION  19b. CONDITION FOR W				ES, WERE FINDINGS	
0	TIFIC						TIFYING CAUSES OF YES 🔲	DEATH?
MOL /	CES	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
11	CAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		0	Date:	
9	MEDICAL		P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITYORTOWN	COUNTY	STATE
21 is morked or Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d IN JURY OCCURRED  WHIE NOT WHIE AT WORK  27a I certify that (I) (this hospi  sow the deceosed alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	from 7	STREET	CITY OR TOWN  , to  deoth accurred an the date and ha	. 19 , tho	t   II (we) last
If hem 21 is morked	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d IN JURY OCCURRED  WHIE NOT WHIE AT WORK  27a Leertify that (I) (this hospin sow the deceosed alive an obove.	21e PLACE OF INJURY (AT HOME STREET FACTORY Of tall) attended the deceased to the body after death.	from 7	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	11/25	. 19 , tho	t (I) (we) last
If them 21 is morked or them 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  27a Certify that (I) (this hospi saw the deceosed alive on obowe. I) well taid I did not	21e PLACE OF INJURY (AT HOME STREET FACTORY Of tall) ottended the deceased of the body attal south.	from 7	ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death accurred on the date and ha	19—, tha	t   I) (we) last
Hem 21 is morked or Hem 18	230. 8	(IF EITHER NOTIFY MEDICAL EXAMINER  21d IN JURY OCCURRED  WHIE NOT WHIE AT WORK NOT WHIE Sow the deceased alive on oboto.	21e PLACE OF INJURY (AT HOME STREET FACTORY Of tall) oftended the decoysed for the body after depth.  SPRINT!  Shins, M.D.	irom, o	DEGREE  ATTENDING PHYSICIAN  22* ADDRESS 207-209 Mc  CEMETERY OR CREMATORY as Cemetery	, to depth occurred on the date and had been depth occurred and the date and had been depth of the date and had been depth o	sbury, Md.	t ili (we) last oses stated SNPD 21801 Mařýlai



ul Cares		100	252.0	STATE OF MAR		LEADE	~ 1 6 1 9
14 -	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE C		REG. NO	3 1 0 1 /
4 1		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	
deod deod	(TYPE	BEAK!		Fennel	-	Vovemb	
E · d. i	3 SE	X	4 RACE	5 DATE OF BIRTH	AV VEAR.	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
oge 4		F	BLK	5 9	36	48	YRS.
nerol du		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED DE NEW	VER MARRIED DIVORCED	Wicomico	R COUNTY OF DEATH
by the fur		IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS PENINSULA GENERALITY GIVE STREET			120 USUAL OCCUPATION OF THE STORY OF THE STO	(WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ystrion and completely filled in bi opers. Pages 1 cot 2 should be fill wol. 11. The medical examine	USU. 13a S	STATE 136 CQUE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO SALES BE	WN 134 INSI	DE CITY LIMITS?	130.STREET ADDRESS /	21P CODE 40 B 2515 py MALYLAND 21861
MARYL ed within	14. F/	CHARLES	DODIER LAST	15 MOTH	FIRST KUTH	AND IE	NARIS DOMIRR
n ond ce execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GN	MED FORCES? Web. SOCIAL SEC E WAR OR DATES)		RMANT	ADDRE	SS
		PART I DEATH WAS CAUSE		brost =	netertos	a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., es that the death certif ned by the attending places remove carbons urial, cremotion, or rem		IMMEDIA	DUE TO, OR AS A CONSEQ		71		
STO		Conditions, if ony, which	(b)	OEINCE OI			
the o		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			
thot hose sase ol. cr		underlying couse last.	(c)				
aures signed ben ple o burit	Z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig os the buriol-monst permit. There th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PE	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL The income has the higher part of the higher pa	ERTI	210: ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HO	W IN IURY OCCUR	YES NO	YES NO
OF VI		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		(Eller Halone of Halon	
AYSIG ding ding horid Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21s. PLACE OF INJURY	19 211 LOC			
VISIOI VISIOI G PHY offending offend	M	WHILE NOT WHILE I	AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	WN COUNTY STATE
Africa Af			tol) ottended the deceased from	1116	. 19_5	1 10 1/12	19 99 that (I) (wa) fost
TTEN Portol for of Hi		sow the deceased alive on obove. (1) (we) (did) (did)	4) view the body ofter death.	94 ond that in	(my) (our) opinion	deoth occurred on the do	ote and hour and from the couses stated
OR A e hos birec sched Dept Hem	-76	226 SIGNATURE	d	DEGREE			22c DATE SIGNED
		MB	Honer M	D	PHYSICIAN [	MEDICAL STAF	
O HOSPITAL eformed by il TO FUNERAL should be def with the Stote		224. PHYSICIAN'S NAME TYPE O	OR PRIFAL)	22e ADI	DRESS		
show with	23n 1	BURIAL, CREMATION REMOVAL	23b. DATE ( 23	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	
BP		Specify) BURIAL	11-20-84 (	FREEN ACRE	- 0 1	ey JAISDULE	, Willo mart
DHMH - 16 50M 4/83 (VRA 15, 4)	74 F	Fooks 4/	4 WEST-Xd BOURS	Sylabaly 1457	md. NO	V 2 0 1984	25) REGISTRAR'S SIGNATURE

Salitona, marian 200 and win Talabara The Sidelike District Take the worked and the other

CERTIFICATE OF DEATH   REG. NO.   IDECASED HAME   IRST   MODEL   LAST   TABLE OF DEATH   LAST LAST BERFORM   DATE OF DEATH   LAST LAST LAST LAST LAST BERFORM   DATE OF DEATH   LAST LAST LAST LAST LAST LAST LAST LAST	CERTIFICATE OF DEATH   REG NO.	1		STATE OF MARTLAND
T. DECEASED NAME    TEST	LORGE ASED NAME   1801		1 -	CERTIFICATE OF DEATH
S. DATE OF BIRTH   S. DATE OF	3 S.EX			EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
The BIRTHPLACE (STATE OFFICE OF MATERIAL COUNTRY)   STATE OF BIRTHPLACE (STATE OFFICE OF WHAT COUNTRY)   STATE OF OFFICE OF WHAT COUNTRY)   STATE OF OFFICE OF WHAT COUNTRY)   STATE OFFICE OF WHAT COUNTRY   STATE OF OFFICE OF WHAT COUNTRY   STATE OF OFFICE OF WHAT COUNTRY   STATE OFFICE OF WHAT COUNTRY   STATE OFFICE OF WHAT COUNTRY   STATE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	The BIRTHPLACE (STATE OFFICE OF WHAT COUNTRY)   BARTIMORE CITY, OR COUNTY OF DEATH   WOOWED   DWORCED   STATE   STAT		3. SEX	
MARKED   NEVER MARKED   NEVER MARKED   WILLOW MILLO MILLOW MADE   NEVER MARKED   WILLOW MILLOW MILLOW MADE   NEVER MARKED   WILLOW MILLOW MILLOW MADE   NEVER MARKED   NE	MARRIED   NEVER MARRIED   NE	1		11101e NEGRO 7807 11 YRS
USUAL RESIDENCE (# MURPHON HOME ON OTHER RESTITUTION ON DE RESORNEE ADMISSION)  USUAL RESIDENCE (# MURPHON HOME ON OTHER RESTITUTION ON DE RESORNEE ADMISSION)  IT A FATE  IT A	USUAL RESIDENCE (# NORMOCHAM OR CINER HOLITUICON CONTRIBUTION) OF THE NORMOCHAM OR CINER HOLITUICON CONTRIBUTION OR CONTRIBU	83	Va. BIF	MARRIED   NEVER MARRIED
USUAL RESIDENCE (# NUBSWOOTHONE ON CHURE MESTUDINION) GIVE SEDENCE INTO RESIDENCE IN TO BUILDING ON TOWN  IT SAFE DEVICE TO SAFE DEVELOPED TO COUNTY  IT FATHER'S NAME  MIDDLE  THE SAFE DEVELOPED TO COUNTY  IT FATHER'S NAME  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE	USUAL RESIDENCE (# NUBSHOCH MAN OR OTHER MORITUDION OF ENTORMY)   134 INSIDE CITY LIMITS   13-8TREET ADDRESS / ZIP CODE   280   135 ATTENDED   134 INSIDE CITY LIMITS   13-8TREET ADDRESS / ZIP CODE   280   135 ATTENDED   135 ATTEN	90	10 CI	(IF NOTIN) SUCH FACILITY, GIVE STREET ADDRESS)
18 FATHER'S NAME	18 FATHER'S NAME   MIDDLE	*/)C	USU 4 13 S	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 OUNTY  136 OTT OR TOWN  136 INSIDE CITY LIMITS?  136 STREET ADDRESS / ZIP CODE
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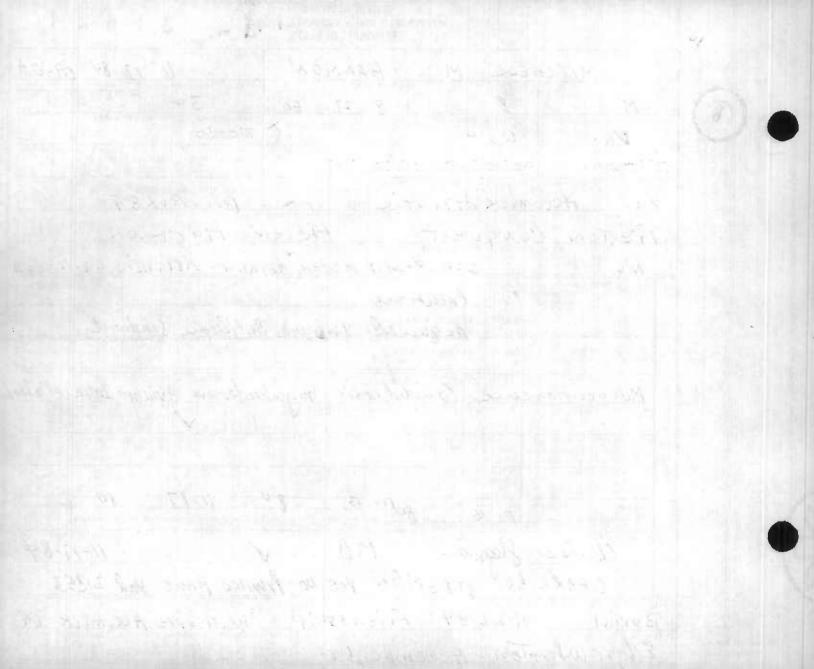
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN T MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) GATTIS 11-8-84 100. DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR 2d HOUR 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED 2100 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNT Wicomico WIDOWED [ DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) Salisbury Peninsula General Hospital 13d. INSIDE CITY HMITS? 14 FATHER'S NAME 17. INFORMANT (YES NO, OR UNKNOWN) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Diabetes Mellitus years IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Chronic Pancreatitis Canditions, if ony, which years gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Chronic Alcoholism years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REFATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDEREYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Natural couses death resulted from Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-9-84 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Camden Ave., Salisbury, Md. Earl L. Royer, M.D. ADDRESS (TYPE OR PRINT) 23c. MAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. 8Y REGISTRAR **DHMH - 17** Jolley Funeral Home, Salisbury, Md. (VR A15 ME (5)) 20M 4/82

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TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO A AFTER MANTH THE BATT		(TYPE OR PRINT) Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Sali	sbury, Md.
TO ME	230	18. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY (SMC(EY)	50406
8P		BURIET 11-8-84 VA CENETERY HURIOCK DOR	The STER Med
	24	4 FUNERAL DIRECTOR [250. DATE REC'D. BY REGISTRAR [250. REGISTRAR'S SIG	NATURE
DHMH - 17 (VR A15 ME (5)	F	Fooks Funeral Home, Salisbury, Md. NOV 13 1884 This Javidson	. Aandelle "
20M 4/82		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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within 24 hours after

requires that the death certificate be

PHYSICIAN:

etoined by the haspital ar attending OR ATTENDING

TO HOSPITAL

STATE OF MARYLAND
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DED A DE MENT OF HEALTH AND MENTAL HYCLEME

1.	- STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO	D	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
(	Homer		HARRIS	November 2	1, 1984	6:45
3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRT		
1	Male	Negro	Jüly 6 1914	70	YRS.	HOURS MI
7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	The second second	
	na	UDA	WIDOWED DIVORCED	Wicomico		
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRY	
	alisbury	Deer's Head (		bus drive	er sch	001
	STATE MA INTERIOR	lerset Deal Is		Box 56	ZIP CODE 21821	
14. F/	ATHER'S NAME William	Harri	IS. MOTHER'S MAIDEN NA	ME MIDDLE	Milbour	he
160.	WAS DECEASED EVER IN U.S. A			ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES) 214-18-		Harris, Bx	56.Deal	Tsland
	no		70777	11001 1 10 1 10 1		21821
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), a	nd (c).1	s & meta	BETWEEN	XIMATE INTERVAT NONSET AND DEA
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	JENCE OF	UNAL DISEASE OR CONF	DITION GIVEN IN PART 1	lo
TION						
CERTIFICATION	190 DATE OF OPERATION	(196) CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR . 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION .	CITY OR TO	wn COUNTY	STATE
		oital) attended the deceased from  19 19 19 19 19	and that in (my) (appropriate	death occurred on the de	te and haur and fram th	, that (I) (ve) lie causes stated
	226. SIGNATURE /	In J. H		MEDICAL STAF	F / 11/2	4/84
	774. PHYSICIAN'S NAME (TYPE	, 0	77e. ADDRESS			
		Inja J. Hwang,	M.D. Deer's Hea	d Center, Sa	alisbury, Mo	2180
			NAME OF CEMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 should be filed with

should be detached for use as the burial-transit permit. Their please remave carbain papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremotian, or removal.

24 FUNERAL DIRECTOR
Leroy G. Kerry

Princess

esley Cemetery

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injury, or ather troumatic

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MPORTANT: If them 21 is marked or the

FOR STATE

## STATE OF MARYLAND

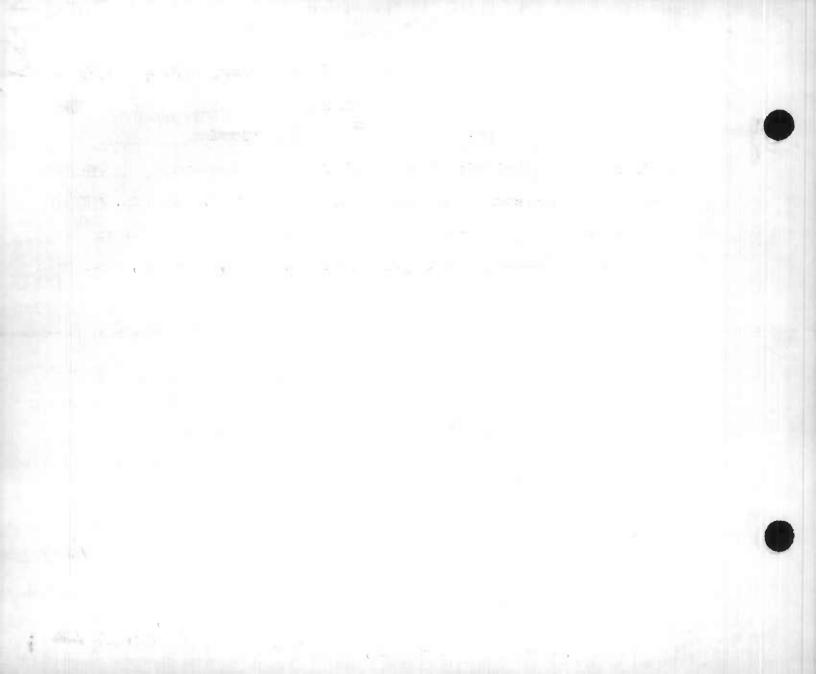
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	REGISTRAR				CLICTIO	CAIL OI DEATH	REG. N	O.			
	ECEASED NAME	FIR51	٨	AIDDLE	LA	AST A	20 DATE OF DEATH	MONTH D	AY YEAR	26 HO	UR
,	CORPRINT	Mary	Ве	cker	HA	RRISON	NOVEM	BER	4 1984	12	
3. SE	EX	4.	RACE		5 DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDE	R 24 HRS
	Female		Whit	е		1-22-1918	65	YRS			
70. B	SIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUN	IRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
1	Virginia		US	A	WIDOWE		Wicomico				MD.
10.0	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NU		R OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND C	F BUSIN	ESS OR
Sa	alisbury				eral Ho	spital	Homemake	r		Hom	e
-USU 13a	JAL RESIDENCE (# NUR	ING HOME OR OT	HER INSTITUTION,	GIVE RESIDENCE (	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			
	aryland	Worce		Snow		YES K NO	418 S. Ch	urch S	t. / 2	1863	
JA. F	ATHER'S NAME	MIC.	DDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		ŁAS		
Y	Josep			Tatem	Table 10	Îda	MIDDLE	W.	atson	13	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS			
/	No	(IF YES, GIVE W	VAR OR DATES	221 1	4 5421	Lottie S. Me	elson, Gree	nbush,	Virgi	nia	
	18 CAUSE OF DEAT	TH (Enter only	ane cause per	line for (a), fb	i, and ici.)	1			APPROX BETWEEN	ONSET AN	ERVAL ID DEATH
	PART I. DEATH V	VAS CAUSED I		Start	us e	ini (ente	r'cus				
		ii da		R AS A CONS	EQUENCE OF	4		,	0		
	Conditions, if any	which	(	COL		versular	Cocc ;	de	4		
	gave rise to im	mediote	) (6)								
	underlying cause		DUE TO, OF	R AS A CONS	EOUENCE OF						
1	DART 2 OTHER SIG	NUE IC ANT CO	NDITIONS CO	NITRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVE	NI INI DART 1		
Z	TAKE OTTEK SIO	THE CALL CO	romons <u>cc</u>	JIVI MIDOTINO	TO DEATH OUT	TO THE TERM	THAT DISEASE ON COL	DINOIT ONE	TARA PARI III		
Ē	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
CERTIFICATION							YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEA	
4 8	210 ACCIDENT WAS UN	DERLYING	216. TIME O			21c HOW INJURY OCCUR	1				
	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR		•				
MEDICAL	214 INJURY OCCUR		21e PLACE		19	211 LOCATION					
A	WHILE NOT W	HILE	(AT HOME STR	EET FACTORY OF	FICE, FARM ETC )	STREET	CITY OR TO	NWN	COUNTY		STATE
	22a   certify that (I		) attended the	a documend for	er ann		to	1	9	About (1)	/wa\ l=c0
	saw the deceas	sed alive an				d that in (my) (our) opinion					
	abave, (1) (we) (	did) (did not)	view the bady	after death.		DEGREE			22c DATE		)
	1000	1	0	0 1	1	ATTENDING	MEDICAL STA	FF	10	16/4	11
-	224 PHYSICIAN'S N	AME TYPE OR P	RINTI			1220 ADDRESS	DIRECTOR PHYSI	IAN	1 14	16/8	7
	UT	1.	0	7	1115	518 Vie	wton	74	1 -		
230	BURIAL, CREMATION	DEMOVAL	23b. DATE	ciele	23, NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	14	9 5	(4)	
230	(SPECIFY)	, REMOVAL		84			CITY OR TOWN	77 1/-	COUNTY		STATE
74 6	Burial FUNERAL DIRECTOR		11/9/	04	Spence	Baptist	Snow Hi			MORA	
1	NAME	T Dass	10	ADDR	ESS U477	Marylandov	13 1001 4	lia David	Ser- Par		1
	Norman .	r. Denr	112	on	OM LITTI	naryranu "	10 1304	1.00			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



completely filled in by the funeral directors 3 and 2 should be filed within 72 hours of

puo

physician

signed by the attending

should be detached for use as the burial-transit permit. Then please remove carl with the State Dept. of Health and Mental Hygigep prior to burial, cremation, or

MPORTANT: If hem 21 is marked or hem 18 sho

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

etoined by the hospital

BP.

injury, or other troumotic event,

executed within 24 hours ofter

requires that the death certificate be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	100	_ /
	PECEASED NAME FIRST	MIDDLE	t,	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
L	Jame	s G. HARSHMA	N SR.		November	11,	1984	9:25 av
3 5		4. RACE	S. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	MALE	WHITE	Aug		59	YR		HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? SAMMA	EL YY	9 BALTIMORE CITY			
	county.	U.S.A.	WIDOWE	DI DIVORCED	Wicomic	0		MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
	Salisbury	Deer's Head (	enter			EPHO		
	. STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 134. CITY OR SALIS	TOWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 900 VINC	ZIP CO	ST.	1801
14.	FATHER'S NAME  IRA RUSSELL	HARSHMAN		15 MOTHER'S MAIDEN NAME OF THE STREET OF THE	ME MIDDLE		ĮA!	51
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDI	RESS		
	YES V		6-7171	MRS. PEG	GY HARSH	MAN	SALISE	BURY.MD
CERTIFICATION		DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  T CONDITIONS CONTRIBUTING	EQUENCE OF		NINAL DISEASE OR COM	20b. IF	GIVEN IN PART II YES, WERE FINDII RTIFYING CAUSES	NGS USED
RT					YES NO		YES [	ио 🗌
		DEATH HOUR A.M. MONTH	DAY YEAR	ZIC HOW INJURY OCCURI	RED (ENTER NATURE OF IN)	URY IN ITEM	18 PARI I OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	saw the deceased alive	spital) attended the deceased from 9-25-44 minute liew the body after death.	1 011	nd that in (my) (aur) apinian	death occurred on the	date and	,	that (I) (we) last causes stated
	22h SIGNATURE	Li hon	2. 41E	PHYSICIAN L	MEDICAL STA	AFF ICIAN []	C 22c. DATE	SIGNED
	Kyung Ook Yo			Deer's Head	Center, Sa	lisb	ury, Md.	21801
23e	BURIAL CREMATION, REMOVE (SPECIFY) BURIAL	AL 236. DATE II-I3-84	23c NAME OF C	POINT CEM.		OINT		STATE
24	FUNERAL DIRECTOR	ADDR	RESS		E REC'D. BY REGISTRA	R 25b. REC	GISTRAR'S SIGNA	TURE
	WILSON FUNE	RAL HOME SAI	LISBURY	, MD.	1 4 19	34	wha Davida	72.00

DHMH - 16 50M 4/83 (VRA 15, 4)

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			Caroli Liga provid	

100		FOR STATE				MENT OF	HEALTH	ARYLAND AND MENTAL		1 3	3 1	6	2 9	
10		REGISTRAR LEASED NAME	FIRST	- 1	MEDICAL	EXAMIN		ERTIFICATE			REG. NO		DAY YEAR	- 110115
1 1 2 1 2 E		OR PRINT)	Charle	es	Meade	Н	itcher	ns	33.	OF	MATED [	11-	21,84	1745
	3 SEX	ale	White	DATE OF BI	DAY YEAR	6 AGE (IN YE LAST BIRTHD	AY) MONTH			20 DATE PRONOUNG DEAD	CED 11	-21-	-84 19	1740
245 E	FO	RTHPLACE (STATE	Maryland	76 CITIZENO	F WHAT COUN	NTRY?	0	ED NEVER MAR	RIED	9 BALTIMO	Wico	MICO		мП
PAGE 5	ID CI	alisbu	DEATH	11. NAME OF	CH FACILITY, GIVE S	TREET ADDRESS)	, OR OTH	spital	12e USU	JAL OCCUPA MOST OF WORK	ATION (TYPE	of work 1:	26 KIND OF BU OR INDUST Imarva	Siness Ower
HETAIN HOUID B	13a S		136 COUNT Wicon	OTHER INSTITUTION	ON, GIVE RESIDENCE	OR TOWN	ON)	13d INSIDE CITY LIMITS? YES NO	1308	Mido	lleneck	Driv	e, Apt.	1/
327		THER'S NAME		MIDDLE	Hite	chens		15. MOTHER'S MAIL Ruby		MID	DDLE		orbêtt	
ONOS/	16a V (YI	YAS DECEASED IS NO. OR UNKNOW! Yes	EVER IN U.S. ARM	AED FORCES? yar or dates]		7-14-88	18 S	ame as #1	Ar. Ro 3e	dney h	Til chè	ns (S	on)	
IN PENCIL IN 11EM 1E EXAMINES EXAMINES RAL - TRANSIT PERMIT DE MANTAL HYGIENE, DION, OR REMOVAL.		PARTIDEA  Canditians, gave rise	if any, which to immediate	BY: E CAUSE (a) DUE TO		ardia	OF	farction	1				APPROXIMATI BETWEEN ONSE  Mint	EINTERVAL TAND DEATH
EF MEDICAL EXA SED AS A BURIAL HEALTH AND M AL, CREMATION,	NO	PART 2 DIHER SIGN	IFICANT CONDITIONS C		EATH BUT NOT RELA	LIED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN I	PART 1 (a)					
	CERTIFICATION	19a. DATE OF C	PERATION	19b: CO	NDITION FOR	WHICH OPER	ATION W	AS PERFORMED?					20. AUTOPSY	? NO 🗀
PRIOR TO BURIAL,			OR CAUSE OF D	HOUR EATH	E OF INJURY A.M. MONTH P.M.	19	3	W INJURY OCCURE	RED LENTER N	NATURE OF INJU	JRY IN ITEM 18 PA	ART T OR PART	72)	
1201 PK	MEDICAL	21d INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLA STREET	ACE OF INJURY 1, FACTORY, FARM, E	(AT HOME,	21f. LOC	ATION		CITY OR TOW	'N	COUN	AIA	STATE
		220 I certify death resulted ACTUAL	that I taak charge fram: Notific	e al the remain		ove, held an		Hamicide TITLE (SPECIFY)  Deput	Undete	Inquiry Cermined man	nner,	DATE SIGNED		-84
BALTIMORE, MARYLA			AME Earl L					Came	den A	ve., Sc		y, Md	. 21801	
۵	(5	Buria	_	11/24/1	984 W	icomic	METERY OF	crematory norial Parl	k Sa				, Maryla	ınd
)	24 FU	NAME Hollowa	y Funeral	Home,	P.A., S	alisbur	y, Md		V 27		25b. REGIS		GNATURE - Randall	
20M 4/82														

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

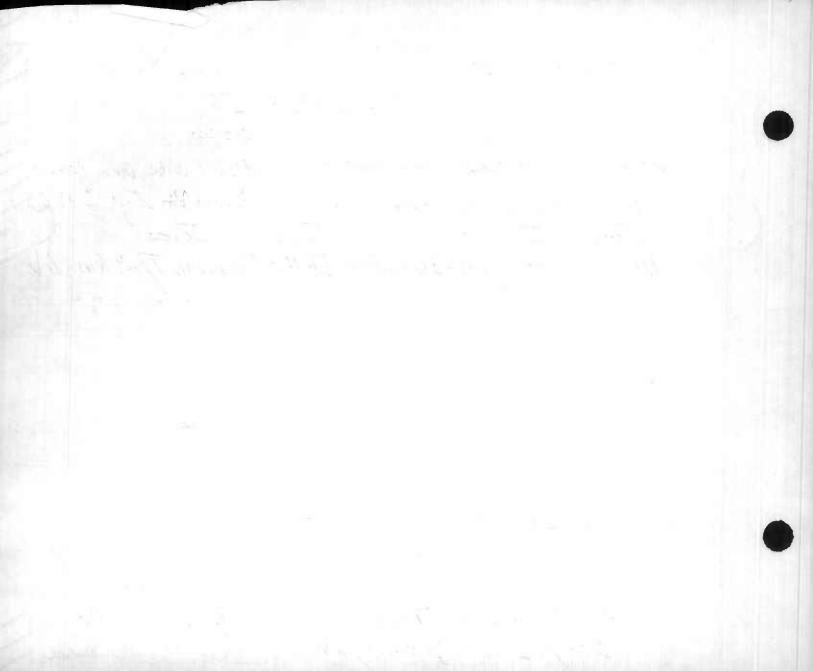
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	REGISTRAR		CEKTIF	CALL OF DE	AIN	REG. N	10.				
	CEASED NAME FRST	MIDDLE	1.	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	2
1	JOSEI	PH W.	HTCK	MAN			11	2	84	6.00	PMM
3.5€		4. RACE	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)		ER 1 YEAR	IF UNDER 2	4 HRS
M	ale	White	Apr		1888	96	YRS.	MONTHS	DAYS	HOURS	MIN.
34 3	RTHPLACE (STATE OR FORE CO.	76 CITIZEN OF WHAT CO	OUNTRY? 8.	NEVER MA		9. BALTIMORE CITY			EATH		
	Maryland	USA	WIDOWE		DRCED	WICOMIC	0				MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C		UTION	120. USUAL OCCUPAT	ION		KIND O	F BUSINES	
YSA	LISBURY /	SALTSBURY N	TIRSTNG HON	Æ.	14.30	Farmer	OF WORKING	TIPE) IN		cul-	tur
ALC: UNKNOWN	AL RESIDENCE IF NORSING HOME STATE	OTHER INSTITUTION GIVE RESID	OR TOWN	134 INSIDE CIT		13e STREET ADDRESS		_ ~	2/8	13	
The Person Name of Street, or other Designation of the Person of the Per	ryland Wo	rcester Bi	snopvill	YES T	NO DEN NAM	Back C	reek	Roa	9.d		
10	F#12	MEGUI.	LAST	FII	RST	MIDDLE			LAS		
V	Pemberton was deceased ever in u.s.	Hick	Man	DOI:		Ann		Bun'	ting	3,	
	HER NO OF LINENDWINE   (IF HE.	DOT WAS DETIATED.								TAT	
	NO	166	0-34-990	р вет	ty Ke.	rrea B	ishoj	OV1.			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far t	01, (b), god (c)	11 :	6 -	1		_	BETWEEN	MATE INTERV	PATH
THICATION	PART 2 OTHER SIGNIFICAN		TING TO DEATH BUT			NAL DISEASE OR COM	20b. IF Y IN CERT	ES, WER	E FINDIN	NGS USED	
1	ZIE ACCIDENT WAS UNDERLYING	land 1		21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF IN)			RPART 2)		
3	OF CONTRIBUTING CAUSE OF	Name of the second	NTH DAY YEAR								
MEDIC	THE INJURY OCCURRED	21e. PLACE OF INJU	RY	211. LOCATION	١	CITY OR T	OWN	co	PINUC	57	ATE
	220.1 certify that (1) (this ha	11.0	ed from	/	1989		3	, 19_	34	that (I) (w	e) last
	saw the defensed alive	not view the book after dec	19 , an	d that in (my) (a	our) apinian d	leath accurred an the o	date and ho	our and t	from the	causes stat	ted
	22h Siderakite	tille		DEGREE AT	TENDING	MEDICAL STA	AFF	2	2c. DATE	SIGNED	0
1	THE PHYSICIAN'S NAME THE	S CA PRINTS		220 ADDRESS	IYSICIAN	DIRECTOR PHYSI	CIAN		77	07	-
-	E.M. BEARDSL	EY,M.D.									
23a, 1	BURIAL CREMATION REMOV	AL 236 DATE	23¢ NAME OF C	EMETERY OR CR	REMATORY	23d. LOCATION		COU	NTV	6.1	ATE
	Burial	11/6/84	Zion (	Church	Cem.	Bishop	ville			MD	AI S
24. F	MARK DIRECTOR	la .	TADRES AL . II	n in	250. DATE					BRICLE DE	
1	- Karley W/	Jarky, C	sellyout	o, Del.	NUV	1 3 1984		,			

DHMH - 16 50M 4/B2 (VRA 15, 4)

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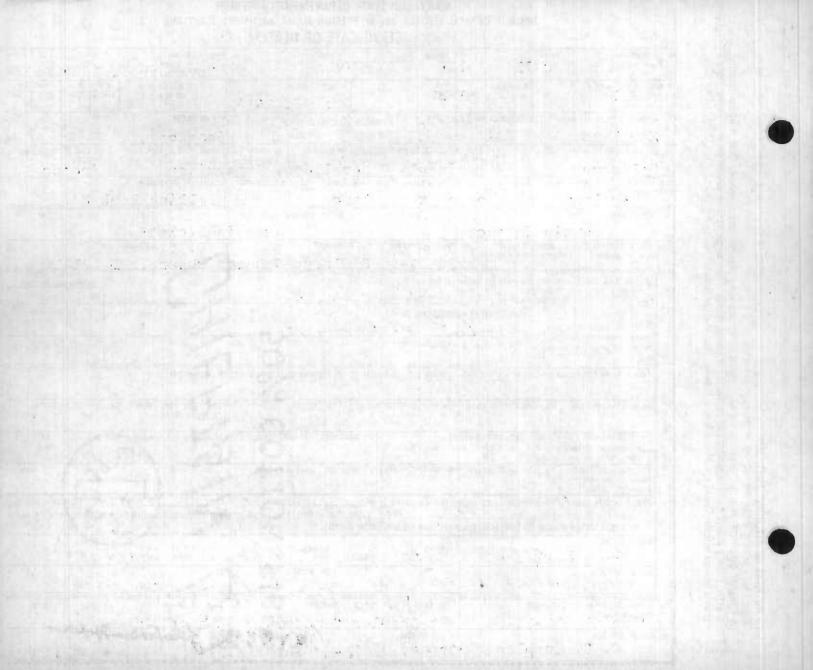


~ h	1-	FOR STATE REGISTRAR			ST DEPARTMENT C DICAL EXAM	FHEALTH		2.3 4.3	3   REG. NO.	6 3 2	
(B) 25		CEASED NAME PE OR PRINT)	Elsie		Jane		Jackson	26. DATE	KNOWN MO	lov. 9 19	. 20. 11001
ARY, PE L DIRECT YOUR FE N72 HOL ITON STRE	1	Female	4. RACE White	DATE OF BIRTH	1892 6 AGE (III		NDER TYR. IF UNDER HOURS	MIN PRONOL DEA	INCEDT 7 70	-84 19	0945 N
S S S S S S S S S S S S S S S S S S S	P	ittsville	, Marylan	d U.S	.A.	MARR WIDOV	VED X DIVOR	RCED [	Wicomi	co	ME
PAGE PAGE BE FILED		Pittsv	ille	Pittsv	PITAL, NURSING HO	·S}	HER INSTITUTION	Sample	UPATION (TYPE OF WED PRKING LIFE! VIOKET	Dress	Factor
IF AND 3 TAND BE SHOULD BE	130 5	AL RESIDENCE ( TATE Maryland	1136 COUNT		13c CITY OR TOWN Pittsville	٧	134 INSIDE CITY LIMITS?	Box 24B	Pittsville	Avenue	50
ATH. SS1, 2 ND 2 ND 2	7	ATHER'S NAME Nathanie			liott		15. MOTHER'S MAI Charlot	te	MIDDLE	Holloway	
JRS AFTER DE 3. GIVE PAGE NUTH FORM WITH FORM DIVISION OF	160 (	WAS DECEASED YES NO, OR UNKNO NO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166-01-		310D W	r. Lester U orkman Ro	Wootten L., Pittsvil	le, Md. 21	850
ON ST., B TEM 18. C ONG WII ERMIT, P SIENE, DIN		18 CAUSE OF PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)			otic Hea	rt Dises	is e	RETWEEN ON	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHOR THE WORD "PENDING" IN PENCIL IN 1TEM 18, NO ED TO THE CHIEF MEDICAL EXAMINER ALONG W. AS 3 SHOULD BE USED AS A BURAL. TRANSIT FERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURAL, CREMATION, OR REMOVAL.		gave ris	is, if any, which e to immediate stating the <u>under</u> se last.	(b)	AS A CONSEQUENC					7	
L RECORDS, 201 ULD BE EXECUTE "PENDING" IN FF MEDICAL EXA ED AS A BURIAL HEALTH AND M NI, CREMATION	NOI				BUT NOT RELATED TO THE T			PART 1 (a),			
VITAL R SHOULD VORD "PI SE CHIEF / BE USED NT OF HE BURIAL,	CERTIFICATION	190. DATE OF			TION FOR WHICH OI					20 AUTOPS	
VISION OF V CRTIFICATE S TING THE WC ED TO THE ( 3 SHOULD BE DEPARTMENT I PRIOR TO BE		UNDERLYING CONTRIBUTIN	NG CAUSE OF D	EATH P.M	. MONTH DAY YI	AR	OW INJURY OCCUR	RED LENTER NATURE OF I	NJURY IN ITEM 18 PART 1	OR PART 2)	
DIVISION THIS CERT WARDED WARDED PAGE 3 SHITTATE DEPA	MEDICAL	21d INJURY C		2 Te PLACE (	OF INJURY (AT HOME FORY, FARM, ETC.)		CATION STREET	CITY OR T	OWN	COUNTY	STATE
XAMINER: ERTIFICATE ID BE FOR IRECTOR: MITH THE S			y that I took	The remains des	cribed abave, held a Accident ,	Autop Suicide	Homicide TITLE (SPECIFY)  Deputy	/ Undetermined r	nanner .	ate 1 1/12	/1984
TO MEDICAL EXECUTE THE COPAGE A SHOUL THE COPAGE A SHOUL THE PARTER DEATH, DATER DATER DEATH, DATER DATER DEATH, DATER DEA		EXAMINER'S I	NAME Earl	L. Royer,		C. Ye	ADDRESS	nden Aven	ue, Salisbu	ry, Md. 2	1801 -
Bb———	L.	Burial	ION, REMOVAL 2:	11/12/19	P84 Pittsvil	le Cer		Pittsvill		iico Maryl	iäříd
DHMH - 17 (VR A15 ME (5))		Hollowa		Home, P.	A., Salisbu	гу, Ма		E REC'D. BY REGISTR		ASSIGNATURE ASSIGNATURE	

The Dietic AND STREET STREET, STR Lower X. March

structure as a supposed to the Things of the said A PARTY A TO STAND A TANDER OF THE STANDARD AND THE STAND Maryline Jelenand See an income and the subject of the second see at the AND THE MARKET SCHOOL 

1	1				DIVISION OF		S, 301 W. F	RESTON STREET, BA	LTIMORE, M	ARYLAND 21201	63	4
1	(R)		COLORD WANT	F		84° 1 16	CERTIFI	CATE OF DEATH		OF DEATH		Tot HOUR
	death death		ECEASED-NAME (ype or print)	First O T	ris	Middle LEE	JOHNS	ON		ovember D	5°, 1984	2b. HOUR P 6:15 M
	the fur ages 1 s after	3. SI	Male		4. RACE	Black		S. DATE OF BIRTH May 6, 1	918	6. AGE (In yeors lost birthdoy) 66 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
0	in by theers. Pagers. Pagers.	70.	BIRTHPLACE (State or fonty) Maryland	reign	7b. CITIZEN OF WH	IAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY	of DEATH		Md
	requires that the death certificate be executed within 24 hours after death a physician.  signed by the attending physician and campletely filled in by the fureral e burial-transit permit. Then please remave carbon papers. Pages I and to burial, crematian, or removal, and to any event within 72 hours after death	]0.	CITY OR TOWN OF DEATH		11. NA give s P	ME OF HOSPITAL OR treet address)	institution (if	not in hospital 120. U	ISUAL OCCUPATION	ON (Kind of work done	12b. KIND OF INDUSTRY Prod	BUSINESS OR
	amplete	13a.	usual RESIDENCE (Who ission) STATE Marylar	re decease	d lived A instituti	an: Residence befor	e 13c. CITY O	R TOWN 13d. INSIDE CI	TY LIMITS? 13e.	STREET AND NUMBER	218	16
	ate be exe	14.	FATHER'S NAME Fin		Middle Johnso	Lost		S. MOTHER'S MAIDEN NAM		Middle Beckett		Last
	ertificate be exe physician and c nen please remo		. WAS DECEASED EVER II	U.S. ARM		16b. SOCIAL SECURI		INFORMANT		P. O. Adipes:		7.0
	certif g phy Then movo	+	18. CAUSE OF DEATH	(Enter anl	ane cause per lir			Gladys Jo	hnson	Chance,	APPROXI	MATE INTERVAL DISET AND DEATH
	he death cell attending propermit. The		PART I. DEATH W		E CAUSE (a)	Cond		anest				
	the at		Conditions, if ony, wh		(b)	S A CONSEQUENCE	le Ca	men of 6	lung			
	equires that the death certific physician. signed by the attending phys burial-transit permit. Then purial, crematian, or removal,		stating the underlyin		DUE TO, OR A	S A CONSEQUENCE	)F	6				
	require g phy: n sign e buri		PART 2. OTHER SIGNIE	ICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	O THE TERMINAL DISEASE (	OR CONDITION G	IVEN IN PART 1(a)		
	: The law requires the rate of the state of the state of the signed by use as the burial-translath priar to burial, cre	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. 0	ONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	CALL	. IF YES, WERE FINDINGS ISES OF DEATH?	CONSIDERED IN C	ERTIFYING
		MEDICAL CER	21a. ACCIDENT WAS L OR CONTRIBUTING C (If either, notify medi	AUSE OF DEATH	HOUR A.M. P.M.	Manth Day Ye	or 19	HOW INJURY OCCURRED (E		njury in Part 1 or Part 2	?, Item 1B.)	
	the has	W	21d. INJURY OCCURRE While Not while at wark					OCATION Street or R.F.D.		City or Town	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 1 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u shauld be filed with the State Dept. of Heal		220. I certify the saw the dec couses state	ot (1) (thi eased al dabave	s hospitol) otte ive an (I) (we) (did)	(did not) view th	osed from 1984, or ne body after	nd that in (my) (our) deoth.	9 <u>97</u> , to_ opinion deot	h occurred on the	9 <u>84</u> , that date and hour	(I) (we) last ond from the
	OR ATI		22b. SIGNATURE Rober	+ 4	ill-	M		REE PHYS.	MED. DIRECTOR	STAFE 22	c. DATE SIGNED	
	O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page shauld be filed		22d. PHYSICIAN'S NAME (Type)	20136	ERT A	LLEN		22e. ADDRESS 305 10 5 5 T	. focos	MOKE, MD.	21751	
	Page Page O FUN direct shau	230	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. C	ATE - 11 - 84		of CEMETERY OF harles	Cemetery		ATION (City or Town)	(County)	(Stote)
	VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR C. C.			Accoma	22	2 3 3 0 1 DATE	PREGISTRAL	of the Mewith	SACIONAL PROPERTY.	



DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR

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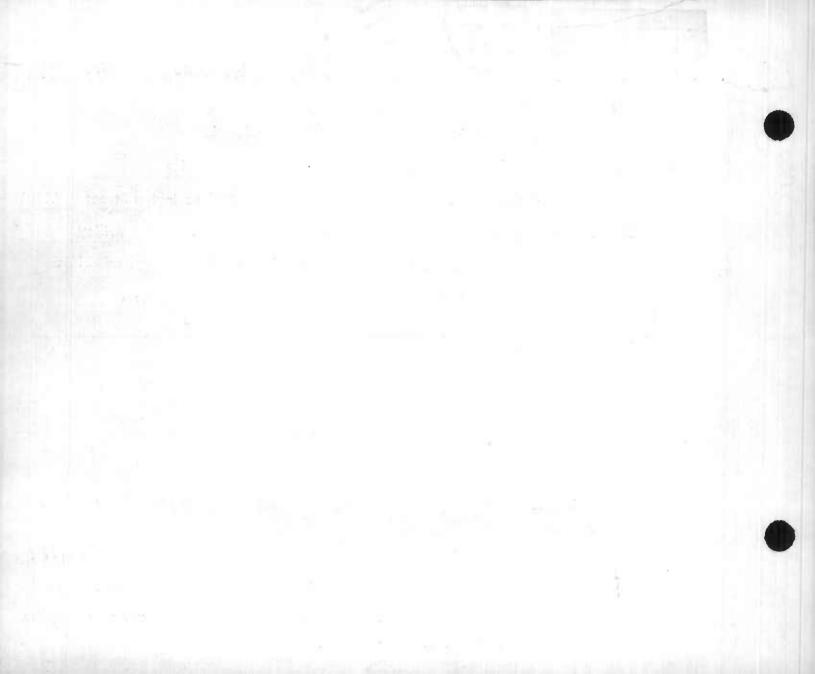
INDUSTRY

Willey

COUNTY

- layer handall

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



		FOR
l	-	STATE
		REGISTRAR

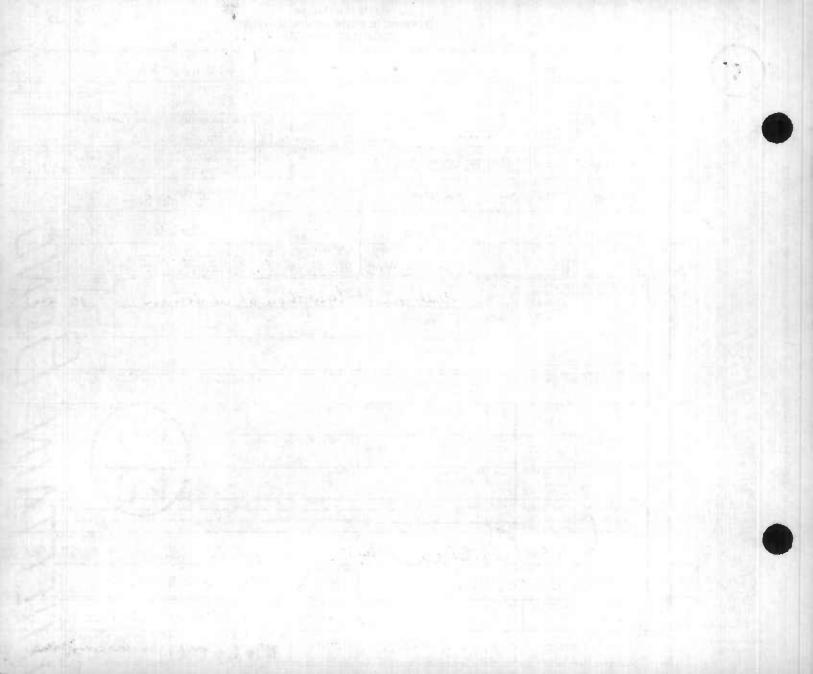
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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_								KEG. IN	J.				
	(TYPE	CEASED NAME OR PRINT)	Nora		inita		ones	November		1984	26 HOU	R	
	3 SEX	Female		White		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS	
1.	F					07"	16 DAY 1913 EAR	71	YRS.	MONTHS DAYS HOURS MIN.			
	70 BII	RTHPLACE ISTATE O	R FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH			
2		arksley, Virginia		U.S.A.		WIDOWED DIVORCED		Wicomico				MD	
1	Fruitland 100°1			100°W	HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE FACULT GIVE STREET ADDRESS! Main Street			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Operator		IZB. KIND O INDUSTRY Service	e Sta	ss or ation	
9	13M	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GR STATE Waryland Wicomico				130 W. Main Street 3/80			6				
Y	14 FA	John R	lubin	MIDDLE	Gibbons	5	Jennie	Virgir		Bedû		р	
1		VAS DECEASED EV YES, NO OR UNKNOWN) NO									Son) nd 21801		
		18 CAUSE OF DE					+ 14	-11-			MATE INTER	DEATH	
		72.00	IMMEDIA	TE CAUSE (0)	nealis	nau	t lymphorn	a, abdom	eu.	10	) hu	65 -	
		C- 15: 31		DUE TO, OI	AS A CONSECU	JENCE OF							
		gove rise to immediate								. 7			
		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	NO												
0	CERTIFICATION	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D			OF DEAT	H?		
-	ERT	21g. ACCIDENT WAS	UNDERLYING [	21b. TIME O	FINJURY		121c HOW INJURY OCCURR				NO [		
1													
/	MEDICAL	21d. INJURY OCC		21e PLACE		19	21f LOCATION			7000		-	
	ME	WHILE NOT	WORK	[AT HOME, STR	EET, FACTORY, OFFICE,	, FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	ST	ATE	
		220.1 certify that					nd that in (my) (aur) apinion a	death accurred on the do	te and ha		that (I).(v	,	
		obove, (I) (we	(did) (did no	t) view the body	ofter death.		DEGREE	acom occorred on me de	The Original	22c DATE		iled .	
			u	1 ou	cles	/ h		MEDICAL STAF	F IAN 🗆		19/19	84	
		William P. Sadler, M.D. 220 ADDRESS 1300 S. Division St., Salisbury, Ma								Maryla	nd		
	230 B	Burial Burial	N, REMOVAL				EMETERY OR CREMATORY  S Cemetery	Salisbury	Wi	comico	Mary)	ľand	
	Holtoway Funeral Home, P.A., Stalisbury, Maryland 250 DATE REC'D. BY REGISTRAR 250 REG										~ `	il.	

DHMH - 16 50M 1/76



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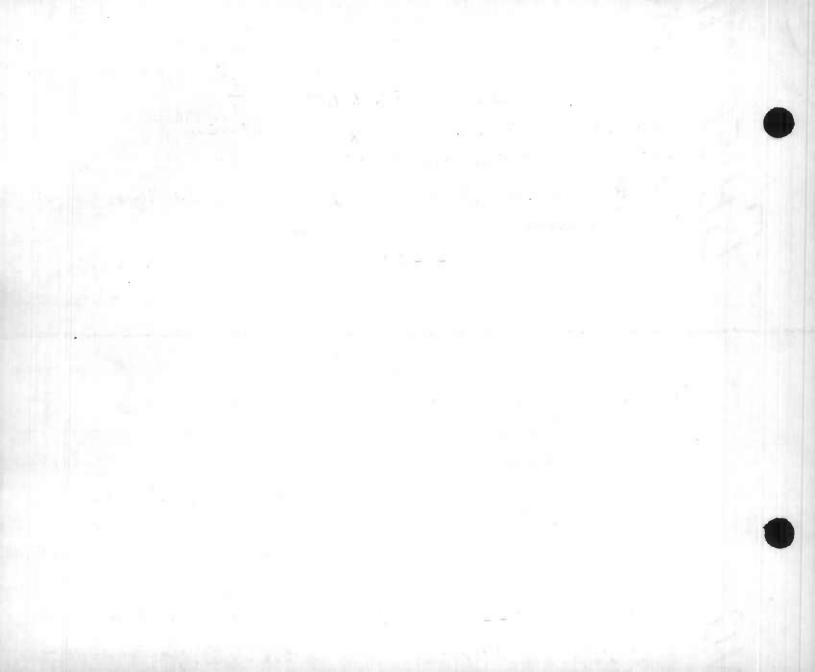
DHMH - 16 50M 4/83 (VRA 15, 4) FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

DECEASED NAME FIRST MIDDLE LAST 20. E

4 3 1 6 3 8

- 1	REGISTRAR				REG. N	Ο.		
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
	James	<i>F</i> .	Kambar		Novemi			0715 AM
	n. sex Male	White	February 79	07 YEAR	6. AGE (IN YEARS LAST BIE	YRS.		UNDER 24 HRS OURS MIN.
1	TO. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVE		BALTIMORE CITY C WICOMICO	R COUNTY OF DE	ATH	MD.
1	Salisbury	Perrinsula "Cener	The Hospita	NSTITUTION 1	120 USUAL OCCUPAT (TYPEOF WORK FOR MOST O	ION DE WORKING LIFE] IND	SELL	USINESS OR
1	USUAL RESIDENCE (IF NURS		ague 13d Inside	E CITY LIMITS?	South Ma	in Street	99	999
1	father's NAME father Kambo	MDDIE LAST	15. MOTHE	Mary F	letchen		LAST	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECULAR OR DATES! 228-01-		Kanbarn	Chinco ted	igue, Vir	zinia	
7	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 1			200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS CAUSES OF	DEATH?
1795	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCA	INJURY OCCURRE	YES NO	YES DIRECTION OF THE PART I OR		NO
	220 I certify that the (this hasp	ital attended the deceased from	DEGREE M.O.	ATTENDING PHYSICIAN	to Shows the death occurred on the death	ote and hour and fr	c. DATE SIC	
		Martin, M.	2.	Salis 2	500th 1	mo. a		
	230 BURIAL, CREMATION, REMOVAL DISTRICT 24 FUNERAL DIRECTOR	11-8-84 70	hn Taylor (	emeteru	23d. TOCATION TOTAL OR TOWN PEC'D. BY REGISTRAR		0	
	NAME Deone &	S. Selyen		VOV	093000	when their de	~ Rong	delle



	1	· · · · · ·	FOR				DEPARTMI	STATE O	F MARYLAN		GIENE	***		. 2	0
1	TH	1 - :	STATE REGISTRAR					(AMINER			DEATH	S REG.	NO.	3 3	7
1			EASED NAME OF PRINTS				WIDDLE		LAST	_	0	TE KNOWN	MONTH	4	26. HOUR
( New Year		3 SEX		Richar 4. RACE		DATE OF BIRTH	B.		Cennan UNDER 1 YR.	Sr.		TH MATED	нтиом	DAY YEA	AR 2d HOUR
	20	-	Male	White	9	Oct. 3,	1902	82 YRS.	ONTHS DAYS		MIN PRON	DUNCED	11	10,198	T 62 4
THIN YERA	68	FOI	RTHPLACE (S'			CITIZEN OF W		M	RRIED   NE		D LI		-	ITY OF DEATH	
S P S P S P S P S P S P S P S P S P S P	110	10 CT	lolyoke,	OF DEATH		U.S.A	PITAL, NURSI	ING HOME, OR	OWED LX	DIVORCED	2a USUAL OC	Vicomi CUPATION		126 KIND OF	BUSINESS
PAG H	20		Salisbur				ula Gen	neral Hos	pital		Reti	working life)	D.	OR INDU:	STRY
21201 AND 3 AND 3 RETAIN HOULD		USUA 130 S1		113b C	OUNTY	OTHER INSTITUTION, GI	13c CITY O	R TOWN sbury,	13d. INSIDE (	CITY LIMITS?	623 N	DRESS Pinel	nurst A	Ave. 21	801
E. MD. ATH. II PM 3.	201	14. FA	THER'S NAME Sidney		Wil	MIDDLE lard	Kenno	in	15. MOTH	ER'S MAIDEN Berth		Farwe:	ll	Barnes	
TER DE FORM ES I AN	500		VAS DECEASE		S. ARME		16b. SOCIA	L SECURITY NO	17. INFOR					d. orest Lo	
BAK GIVE PAG	SING /		No.	E DEATH (Ent	er only	ane couse per line		-14-3783	Mr.	Dana	E.M. K	ennan 4	40 4 F	orest Lo	ane ATE INTERVAL
N ST. HOULEN 18 NG V	AL.		PARTIDE	ATH WAS CA	AUSED B	CAUSE (a)	Vec	whize	in Pa	men	min			STATE OF	DET AND DEATH
RESTO TIN 24 IN III VSIT PI	HYG		O / C	ns, if any, v	which	DHETO OR	P	O Property	10	e	ace	De	2	dem	0
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITHOF THE WORD OF PREDICTED WITHIN 24 HOU RITHOF THE WORD "PREDIOM" IN PERCIL IN ITEM 18 PEED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT	OR RI			se to imme stating the u		DUE 10, OR	AS A CONSE	<del>QUENCE O</del> F	10		0 0	0		0	X
S, 201 ECUTE NI EX URIAL	TION				ILIONS COL	HTRIBUTING 10 OFATH	BUT NOT BELLYCO	70 705 7500000 0	-40-	4	Light	<i></i>		000	X
ECORD D BE EXI ENDING MEDICA AS A B	CREMA	NO	PART 2 OTHER ST	F	+5	1.4	- FT	R141	4 17	When IN PARI		- D-	to t	hel	et
TAL RE HOULD RD "PEI HIEF A USED A	A F	CERTIFICATION	190 DATE OF	OPERATION C C	×	Ph CONDI	ION FOR WI	HICH OPERATIO	WAS PERFOR	RMED!	0.46	C-	.2.	20. AUTOP	
OF VITE ST. WOR	MENT O TO BUR	CERTI	21a. EXTERNA		AS	216 TIME OF	F INJURY A. MONTH D	AV VEAD 21	HOW INJURY	OCCURRED	(ENTER NATURE (	OF INJURY IN III	THAM TOWN	YES [	) NO [
SION OF RTIFICATE NG THE W SHOULD	SORT	MEDICAL	UNDERLYING CONTRIBUTI 21d INJURY (	NG CAUSI	E OF DE		16 16	6 1964	LOCATION	to?	fun	-la la	>ta	while	-2
DIVIS CER VRITIN ARDED	S I D	MEC	WHILE AT WORK	NOT WHILI	E		TORY, FARM, ETC.]		STREET	Sba	Z (Care	22 H	en "	AIHT	Man
ER: TH ATE, V ORW/	LE STA	/			charge	at the remains des	scribed above	, held on A	tapsy .	Inspection	Inq.	iry J.	and in my a	pinion	
AMIN RTIFIC BE F	130		death result	ed from:	Hoturpl	causes .	Accident	Suicide	, Hami		Undetermine	d monner	].		
AL DICE EX	H W		ACTUAL	la	1	9/2			M.D. De	SPICIFY)	MEDICAL E	CAMINER	DATE	ED /1-1	480
O MEDICAL SECUTE THE AGE 4 SHOWN	LTIMORE, A		EXAMINER'S (TYPE OR PRI		er	1 h.8	Roy.	er M.	ADDRESS	400	shad	er A	re Sel	P. Wii	. mil
2≅₹2			JRIAL, CREMA Cremat		/AL 236	DATE 1/12/198	4. 23c NA	me of CEMETER ape Henl	y or cremate	ORY emator	23d LOCATIO	4	Sussex	Delay	STATE
BP		24. FU	JNERAL DIREC	TOR				·	1,5,1		Y Lew	TRAR 256 RI	EGISTRAR'S	SIGNATURE	
(VR A15 MI			Hollow	y Fum	eral	Home S	alisbury	, Md		NOV 1	6 1984	: selia	Davidsor	- Mandall	- 1

Assolution - A Joseph

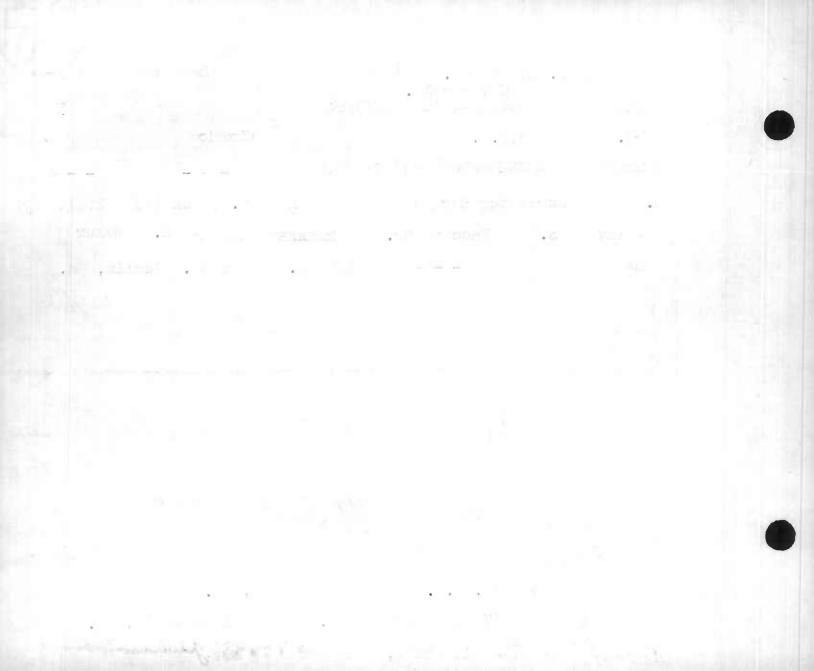
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

TOR STATE REGISTRAR	ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	IYGIENE 3	6 4 0
DECEASED NAME FIRST MIDDLE  Willy S. Knocks Jr	LÄST	Novemb	10 110 011
	te 11/3/84	6. AGE (IN YEARS LAST BIRTHDAY)	
BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTY)  Md. U.S.A.	MARRIED   NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
(IF NOT IN SUCH EACILITY, GIVE S	DESING HOME OR OTHER INSTITUTION DETAIL HOSPITAL	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126, KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY COUNTY 130 CITY OR Worcester Berli	TOWN 13d INSIDE CITY LIMITS  YES NOX	Rt. 4 Box 4	
Willy S. Knocks	Sr. Teresa	x Theresa R.	Baker
166 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)	- Willy S.	Knocks SR. B	erlin, Md.
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	EQUENCE OF	EPMIN AL DISEASE OR CONDITIO	N GIVEN IN PART 1:01
NO.	HICH OPERATION WAS PERFORMED	20u AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER, NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH P.M.  210. PLACE OF INJURY	DAY YEAR 19 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PARI I ORPARI 2)
AT WORK AT WORK	FICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
220 1 certify that it (this hospital) attended the deceased from sow the deceased alive on 1/1/1/4/2 above, (h) (w/2) (did) (did not) view the body after death.  22b. St. Collins Or PRINT)  Chester Collins M.D.		MEDICAL STAFF DIRECTOR   PHYSICIAN (	7. 19 that ( (we) last ad hour and from the causes stated 22c DAJE SIGNED
	23c. NAME OF CEMETERY OR CREMATOR Curtis Cem.		le. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Millsboro, Delaware

250 DATE REC'D BY REGISTRAR HA REGISTRAR



11-10-84

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

IF UNDER LYEAR

IF UNDER 24 HRS

125 KIND OF BUSINESS OR

INDUSTRY B&O Railroad

Southern

Balt

E. Hamburg St.

		APPROXIMATE INTER
-/.	@ = 1	
hanze	(R) Strong	

IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY

20b. IF YES, WERE FINDINGS USED

NO [

22E. DATE SIGNED

LEWES Delmarva Cremetory SUSSEX DELAWARE

24 FUNERAL DIRECTOR BAKER AND BOUNDS

FOR

- STATE

REGISTRAR

DECEASED NAME

SALISBURY MARYLAND

25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Davidson

DHMH - 16 50M 4/83 (VRA 15, 4)

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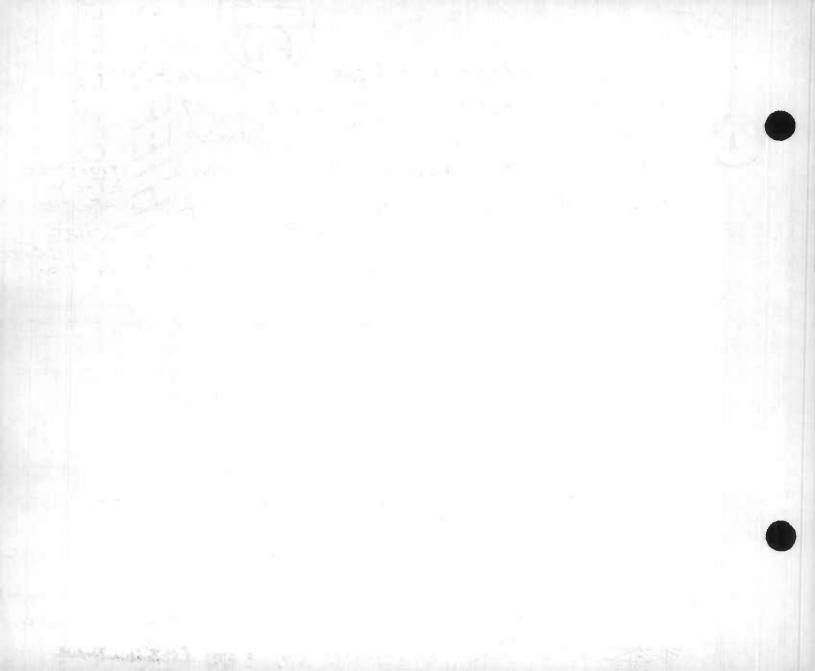
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) EST1-Jay Scott DEATH MATED 4. RACE SEX 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER YYR. IF UNDER 24 HRS DATE AND 3 TO THE FUNERAL DIRECT PRODUCES FOR YOUR SHOULD BE FILED, WITHIN 72 HORCORDS, 201 W. PRESTON LAST BIRTHDAY PRONOUNCED 19 842 12 1968 Male White DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY)
Salisbury, MD U.S.A. Wicomico DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION ITYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Student OR INDUSTRY 306 North Blvd. Salisbury High School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Salisbury 306 North Blvd. Wicomico YES X NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ON. Llewellvn Norma Dawson Fessa 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS AL-TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION N, OR REMOVAL. 212-72-1066 No Dawson C. Llewellyn 306 N. Blvd. APPROXIMATE INTERVAL
RETWEENING AND DEATH TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES \_ DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING 12200 CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE SITH BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remoins described obave, held an Suicide C death resulted fram: Newtral causes Accident Undetermined monner ACTUAL EXAMINER'S NAME Earl L. Royer Camden Ave. Salisbury, MN TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY DIATE Cremation Delmarva Cremetory 12-1-84 BP. 24 FUNERAL DIRECTOR 254. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** BAKER AND BOUNDS SALISBURY. (VR A15 ME (5)) 20M 4/B2

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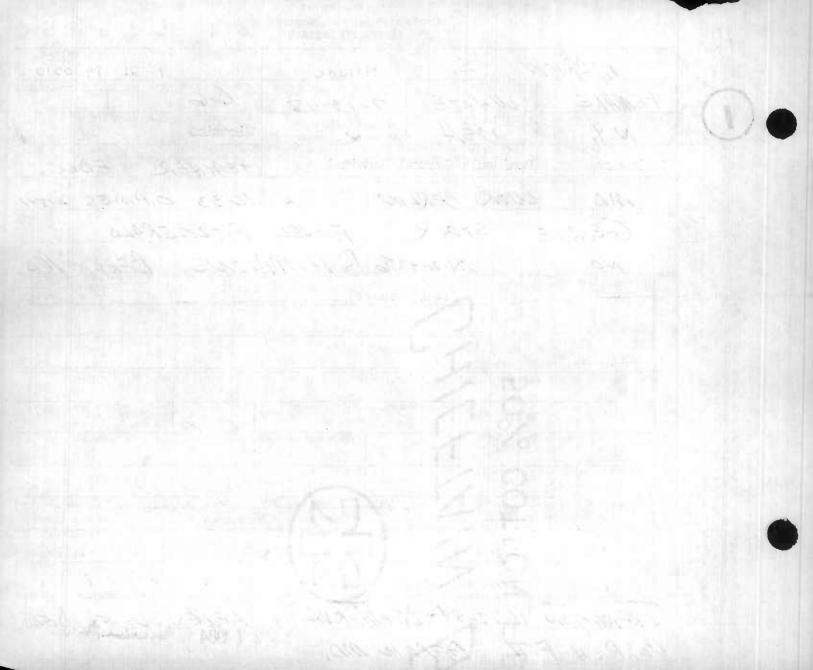
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o de de	3 SE	CEMPLE	RACE	5 DATE OF BIRTH MONTH DAY YEAR 7-13-18	6 AGE (IN XEARS LAST BIR	THDAY) IF UNDER I	
X9		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O Wicomico		H
11 80		TY OR TOWN OF DEATH  Lisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCL FACILITY, GIVE STREET Peninsula Genera	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PERCENTER	F WORKING LIFE) INDUS	ND OF BUSINESS OR
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nos been sig permit. The ne prior to	CERTIFICATION	19a Date of Operation	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
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CTOR. Af dfor use of of Heoliti n 21 is mo		sow the deceased alive on above, (I) (we) (did) (did no	tol) attended the deceased from	19 , and that in (mg) (aur) apinian	death accurred on the de	ate and haur and from	n the causes stated
RAL DIRE defoched tote Dept		22h. SIGNATURE	lagelos		MEDICAL STAF	FF	DATE SIGNED
etoined by the Four Front Application of the F		WILLIAM S	T NAGEC, M		Salisbur	mo 21	1901
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FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 4 6		
1. DECEASED NAME FIRST (1YPE OR PRINT)	MIDDLE	Mason	November	4.1984 1745 PM		
3. SEX female	4.RACE white	S DATE OF BIRTH  MONTH DAY Sept. 28,1904	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UN MONTHS DAYS HOUL			
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY WICOMICO	MD		
Salisbury	Peninsula Gener	al Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 110 USEWITE 110 USEWITE			
USUAL RESIDENCE (IF NURSING HOLD 130, STATE 13) COL		N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 212 Laurel S	treet 5/		
PATHER'S NAME FRS1 Alonza	Matthew	s Florence	MIDDLE	Northam		
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU (IVE WAR OR DATES) 220 – 28		814 Pth Sason Pocomoke	treet City, Md.		
	only ane couse per line far (a), (b), on SED BY. ATE CAUSE (a) Re 5010	atory Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 228 I certify that (I) (this haspital) attended the deceased from NOU saw the deceased alive on ANOU.

above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 22e. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE COUNTY Nelson Cemetery Pocomoke

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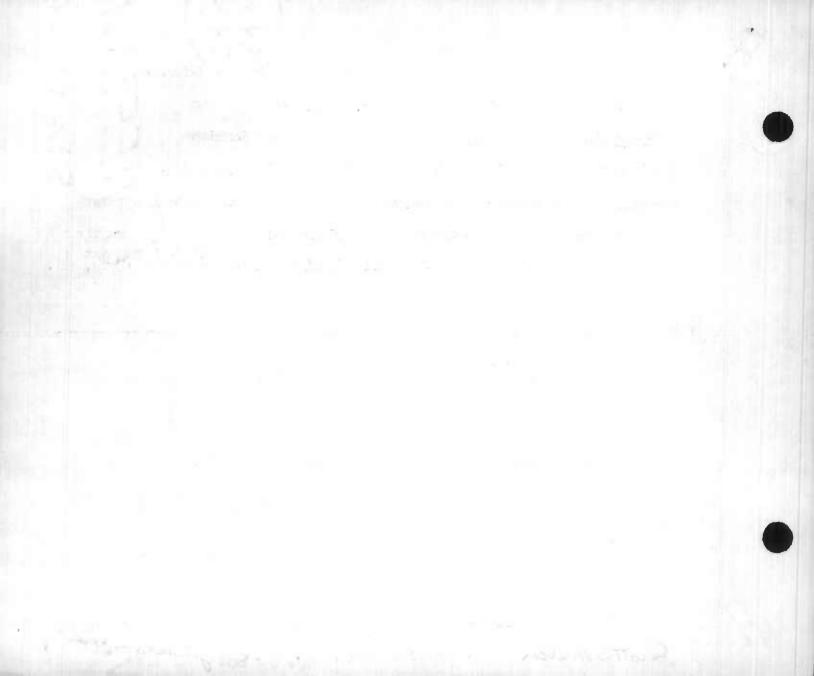
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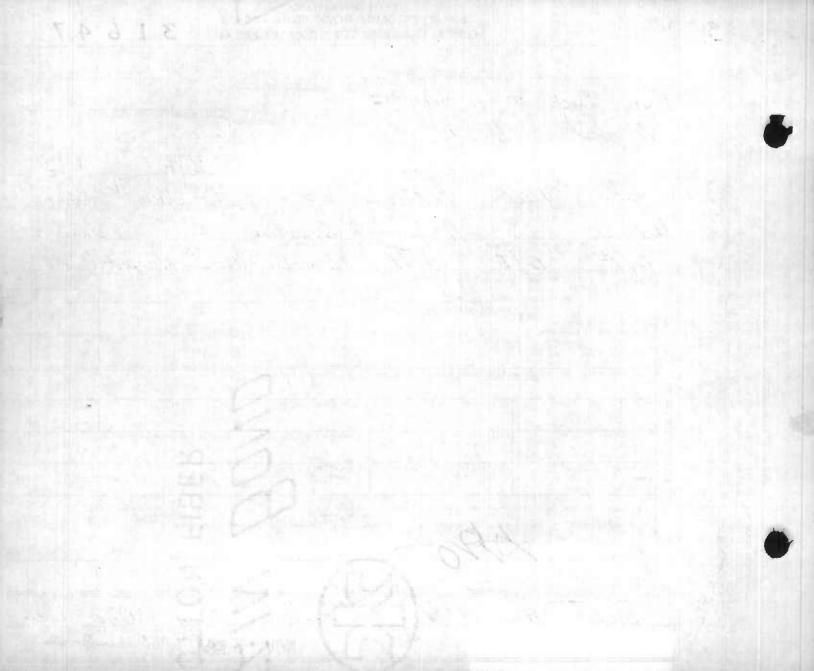
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN XI MONTH (TIPE CAPRING DEATH MATED 10/31/84 IF UNDER 24 HIRS. DATE 8:20 PRONOUNCED DEAD 10/31/84 L-BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico County The USUAL OCCUPATION TIME OF HORE THE KIND OF BUSINESS. 11. NAME OF HOSPITAL NURSING HOME Peninsula General Hospital Salisbury In STATE 34 NUME CITY SIMILS? 134 STREET ADDRES 4. FATHER'S NAME 110 ADDRESS IN U.S. ARMED FORCEST LIF YES, GIVE WANTED BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY Digoxin intoxication MAMEDIATE CAUSE (a) DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 GTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE FERMINAL DISEASE OF CONDITION GIVEN IN PART 1 in 1% DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED? 7# AUTOPSY? YES IN TIG EXTERNAL CAUSE WAS THE TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR administered drug hile in hospital 10/ 26 1984 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME If LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER
EXECUTE THE CERTIFICATE, WRITIN
PAGE 4 SHOULD BE FORWARDED
IN O FUNERAL DIRECTOR: PAGE 3
AFTER BARTH, WITH THE STATE DE
AFTER BARTH SHARD A STREET, FACTORY, FARM, ETC.)
HOSPITAL Peninsula General Mospita Com Wic. Md. STATE WHILE AT WORK Autopsy X 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram: Natural causes Accident V Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 11/2/84 SIGNATURE EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 258. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH FOOKS FUNERAL HOME (VR A15 ME (5)) WEST RD. & BOOTH ST. 20M 4/82 SALISBURY, MD 21801



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- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Restaurant 13e.STREET ADDRESS / ZIP CODE LAST Salisbury, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated Burial Holy Trinity Pungoteague Accomack VA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Humbles Accomac,

STATE OF MARYLAND

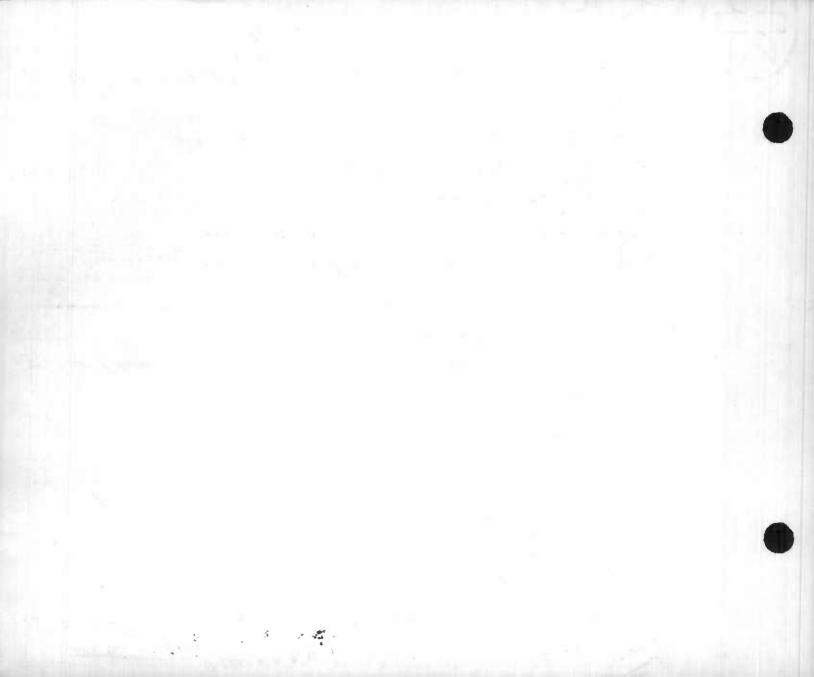
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h. HOUR

HOURS

IF UNDER I YEAR



1	7.	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 72 1 6 A 9							
~	11-	STATE REGISTRAR	MEDICAL EXA	AMINER'S CERTIFICATE C	DEATH REG. NO.	0 4 7				
( 8 )		CEASED NAME FIRST PE OR PRINT) EJUIN	BoxCE	MESSICK	20. DATE KNOWN AM MORE STI- DEATH MATED	11-10 -84 160				
OUR DOUR 72 HOS ON STREE	J SE	12/8 White		GE (IN YEARS IF UNDER ) YR. IF UNDER SIRTHDAY) MONTHS DAYS HOURS YRS.	DRONOUNCED.	-10-849 1605				
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AY IS THE PAGE FILED	10 0	Salisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET / Peninsula Ge:	GHOME, OR OTHER INSTITUTION  ADDRESS)  neral Hospital	120. USUAL OCCUPATION (TYPE OF ) FOR MOST OF WORKING LIFE!	WORK 126 KIND OF BUSINESS OR INDUSTRY				
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ITHE CEI SHOULE SHOULE ERAL DI EATH, W ORE, MA		ACTUAL SIGNATURE	C R	M.D. Deputy	MEDICAL EXAMINER	DATE 11-12-84				
TO MED EXECUTE PAGE 4 FO FUN AFTER D BALTIAM	730.5	EXAMPLEY'S NAME ERT	V /	ADDRESS	Camden Ave., S	alisbury, Md.				
BP	(	SPECIFY SURFECTOR	1-14-84 BI	VALLE, Cometery 1250, DATE	( 31177/Ve	COUNTY STATE				
DHMH - 17 (VR A15 ME (5))	M	essick Funer	al home, Bival		6 1984 whis Davidson	AR'S SIGNATURE				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DNAME 20. DATE KNOWN TO MONTH 2b HOUR Eunice MILBOURNE 830 11-30-84 DEATH MATED 4. RACE 5 DATE OF BIRTH 24 HOUR 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 11 Female Blk. 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Wicomico Virginia DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Salisbury Factory work Peninsula General Hospital Poultry SUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS P. O. Box 182 23303 Accomack Virginia 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Janette Harmon James Fiddermon 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 20=01-7606 Burris Milbourne-Atlantic, Va. 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Arteriosclerotic Cardiovascular Disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 26. AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certily that I took charge of the remains described above, held on Natural causes X death resulted fram: Undetermined monner TITLE (SPECIFY) ACTUAL Deputy DATE 12-3-84 XAMINER'S NAME Earl L. Royer, M.D. Camden Ave., Salisbury, Md. TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Atlantic-Accomack, Va. Burial St. Johns 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wharton Funeral Home, Onasock, Va. ATS ME (51)

Sunday . 320 Standay Notes 361 xci. . 2 2 51mile Magneyat ability LEG-cl-/fod rarris wilbourne-welmaid, Va. wa ha [11] [11] [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] . Monte - 5 January annoqui, le mane de l'estre and the second of the second o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 26. HOUR CLAUDE Stuart TYPE OR PRINTS NOCK 11-30-84 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE JI STATE OR FOREIGN 7b. CITIZEN OF COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WICOMICO COUNTY WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORL SALTSBURY ADUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? A4SDUN. 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LUNG- PISEASE KRONK Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause INFANCI CHENOAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINER P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a. ADDRESS should be with the S DR. WILLIAM ROBINS. CIVIC AVE, & RT. 50, SALISBURY, MD. 21801 236. BURIAL, CREMATION, REMOVAL rincess hune Men DHMH - 16 50M 4/82 (VRA 15, 4)

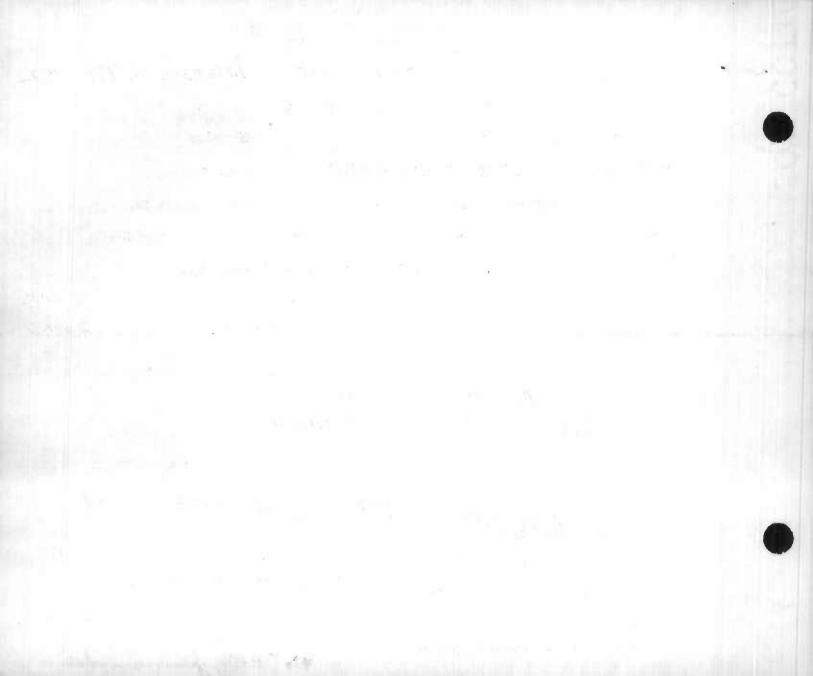
y and A CU - ACASES Hetmed Meter Santa American examica issuration, this are 1814 by CEBESSIN THE The same of the sa AC ST LIMITED THE PASSIFIC LAURE HOLF IN DONE WILLIAM STATES Burlia - 19/2/1984 Howessing me. - Unroys a Deal 1 10 LE LES MAN DE LES MAN MAN DE LES PARTIES AND PROPERTIES AND PROPER

O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page

groined by the hospital or attending physician.

DHMH - 16 50M 4 (VRA 15, 4)

1	FOR				DEP A DT MI	STATE OF	MARYLAND	AL HYGN	ME .	-7		6 5	3
	- STATE REGIS	TRAR			DET ARTIM	CERTIFICA	TE OF DEAT	Ή ,	R	EG. NO.	8	0 4	
	DECEASED		FIRST	MIDDLE		LAST			2a. DATE OF DE		H DAI	Y YEAR	26 HOUR
		Josepl	nine		<u>a</u>	SHINS	SKIE		NOVEN		91	1484	1752
3	SEX			4. RACE		5 DATE OF BIR	TH DAY Y	EAR	AGE (IN YEARS	AST BIRTHDAY	IF MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
L	FEM	ALE		WHITE		11		84	7	0 .	rRS.		
1	BIRTHPLA	CE (STATE OR FO	REIGN	76. CITIZEN OF WHAT C	OUNTRY?	MARRIED []	NEVER MARR	IED 📑	BALTIMORE	_	UNTYO	FDEATH	9-1-1
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手	CITYORI	OWN OF DEAT	17	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY,			HER INSTITUTI	ION	12a USUAL OCC		(ING LIFE)	12b. KIND C	F BUSINESS O
ľ	Salisk	oury	/	Peninsula G	enera.	l Hospi	tal		Shirt F				
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亦	FATHER'S	NAME	_			15 A	NOTHER'S MAI	DEN NAM	E		VI.		
Λ	Frank	FIRST		Oshins	<ie< td=""><td></td><td>Francis</td><td>,</td><td>M</td><td>Pr</td><td>zybil</td><td>lski</td><td>л</td></ie<>		Francis	,	M	Pr	zybil	lski	л
1		CED ELIED N			CIAL SECUR	ITY NO. 17 I	NFORMANT			ADDRESS	7	0112	
5	No	E NUKNOWN)	(IF YES, GN	VE WAR OR DATES)	2-07-28	394	Mrs. Jol	hn Fr	ancis Yè	ina			
-			Enter or	nly ane couse per line for DBY:	a), (b), ond	(cu)	_					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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		tions, if ony,		( (b)	SEP S	izs -	- PHEC	MOT	UIA			1	was
		rise to imme		DUE TO, OR AS A C	ONSEQUEN	ICE OF							
- 1	under	lying couse	lost.	(c)									
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1	190 DA	TE OF OPERATI	NO	196 CONDITION FO					20a AUTOPS			WERE FINDING CAUSES	OF DEATH?
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	U (IF EIT	HER NOTIFY MEDIC	LEXAMINE	P.M.		19							
	A SIG IN	JURY OCCURRE		21e PLACE OF INJU			LOCATION		CI	Y OR TOWN		COUNTY	STATE
	AT WOR					10.00				12		-04	
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1	ot	w the decrased over (1) (1) (di	//	ew the body after de		, and the	if in (my) (our)	opinion d	eath occurred or	the dote or	id hour c		
	72h: 54	SNACHE	r	1	_	DEGR		IDING	MEDICAL DIRECTOR	STAFF		22c DATE	SIGNED /2/8+
1	724.04	PAZC	AE years	SCHACTET	2		ADDRESS		ter, Salis			21801	
+	2a BUDIAL	CREMATION, R	J.			AME OF CEME	EDV OD CDEAA	ATORY	73d LOCATIO	N			
ľ	Buri	cremation, R 1	EMUVAL						CITY OR T	NWO	Mort	COUNTY	rland Po
-	4 FUNERAL			11-6-84	A	ll Saints	Cemet	BE DATE	REC'D, BY REGE				
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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ECEASED NAME FIRST Mary	Christine	Patrick	DOVEMBER S	5,1984 2010
EX Female	4.RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS
UAL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP COI	
FATHER'S NAME Claude	7° Still		ME	Angus
				ox 57 Springs,MD
Conditions, if any, which gave rise to immediate cause lest stating the underlying course lest.  PART 2 OTHER SIGNIFICANT MALE OF OPERATION	DUE TO, OR AS A CONSTOLL CONDITIONS CONTRIBUTING TO THE CONTRIBUTING TO	DEATH BUT NOT REPORT TO THE TERM	10s AUTOPAY 20s. HY	ES, WEIE FININGS USED HIPPING CAULS OF DEATH? YES  NO  NO
CHI CONSTRUCTION CONTROL OF THE EMPLOY OF COURSE OF THE PAULEY OF COURSED  OFFICE OF THE COURSE OF T	FATIN HOUR A.M. MONTH D.  P.M.  THE PLACE OF INJURY (A) HOME STREET RACEDITY CHEER.  DITOT OFFENDED BY CHEER.	AY YEAR 19 FIND STREET	10 U 5	COUNTY STATE
above. (II befridid) (did 22s. SIGNATURE	to bodyliter degli	DEGREE ALTENDING PHYSICIAN (	DIRECTOR PHYSICIAN	sbury, MD
E . C C	PEORPRINI)  Mary  EX  Female  BIRTHPLACE (STATE OR FOREIGN  COUNTRY  IT BINIA  CITY OR TOWN OF DEATH  alisbury  DATE STORME  Claude  WAS DECEASED EVER IN U.S. A  (YSS-NO OR UNKNOWN) I (18 YES, C)  II CAUSE OF DEATH (Enter  PART I. DEATH WAS CAUS  IMMEDIA  COMMITTED THE STORME CAUS  IN DATE OF OPERATION  THE ACCIDENT WAS UNDERSTRIPE  CHECKE AND AND OR THE PART OF OPERATION  THE ACCIDENT WAS UNDERSTRIPE  CHECKE AND AND OR THE PART OF OPERATION  THE ACCIDENT WAS UNDERSTRIPE  CHECKE AND AND OR THE PART OF OPERATION  THE CONTRIBUTION OF COUNTRY  THE CONTRIBUTION OF TRICKING OF THE PART OF OPERATION  THE CONTRIBUTION OF TRICKING OF THE CONTRIBUTION OF THE PART OF	Mary Christine  EX Female  White  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  ITSINIA  CITY OR TOWN OF DEATH  Alisbury  DAL RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  STATE  TOWN OF DEATH  ATHER'S NAME CLAUDE  COUNTY  WICOMICO  TISTUTO  TOWN OF UNKNOWN)  WICOMICO  TISTUTO  TOWN OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  TOWN OR UNKNOWN)  THE CAUSE OF DEATH (Enter unity one course per line to the formal date of the part of the initial date of the part of the part of the initial date of the part of the part of the initial date of the part of the part of the initial date of the part of the pa	EX	ECEASED NAME IN CHRISTINE  EX  4. RACE  White  S. DATE OF BIRTH  DOWNER  A COLUMN OF THE STATE ONLOHE CHRISTINE  SOUTH OF THE STATE ONLOHE CHRISTINE  TO THE STATE ONLOHE CHRISTINE  A CHRI

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR ZelTer Funeral Home, Sharptown, ND

236 DATE

23a BURIAL, CREMATION, REMOVAL

Burial

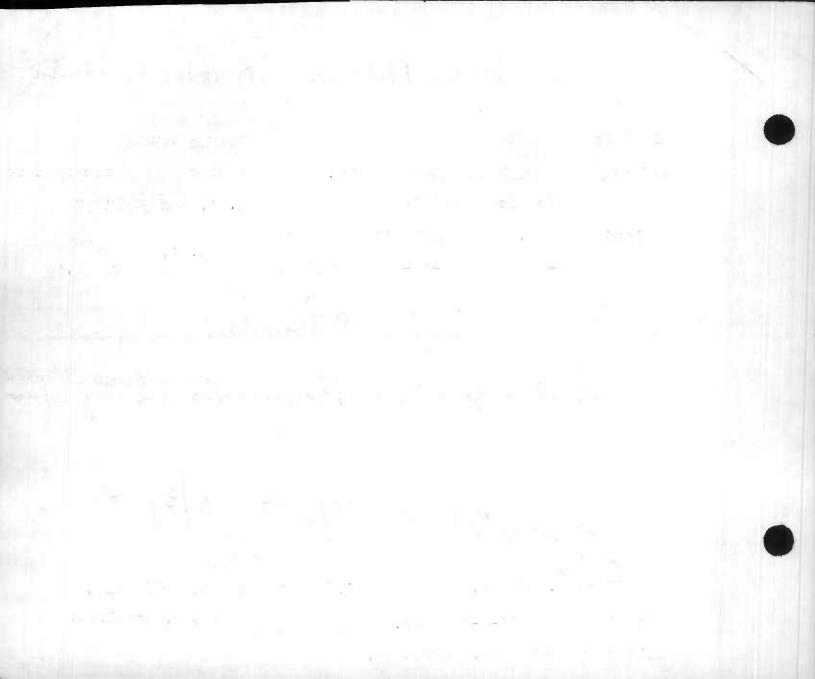
11-8-84

23t. NAME OF CEMETERY OR CREMATORY Preston, Caroline, Mon Jr. Order Cemetery 1160 USI, 250. DATE REC'D. BY REGISTRAR'S SIGNATURE

12b. KIND OF BUSINESS OR

GroceryStore

BEAR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1:	FOR STATE REGISTRAR			OF HEALTH AN	D MENTAL HYGI F DEATH	ENE 4	3 I	6 5	5
	CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR.
(TYPE	Mabel	R.	P	hillips	THE STATE OF		11 1	5 84	15 N
3 SEX		4 RACE		TE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER TYEAR	
	female	white		b. 21.	1900	84	YRS.	MONTHS DAYS	MOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	I COUNTRY? 8			9 BALTIMORE CITY		OFDEATH	
	Maryland	TTCA		RRIED LI NEVE OWED TK	DIVORCED	Wicomico			MD
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	ITAL, NURSING HO	ME OR OTHER I		12a USUAL OCCUPA			OF BUSINESS OR
Sa	lisbury	Peninsula	General 1			housewi		INDUSTRY	
USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISS	ion)	(1.2)		-	71	8111
	arvland Wi		city or town alisbur v		E CITY LIMITS?	105 Sha	mrock		00/
	THER'S NAME		CLE LODGE Y		ER'S MAIDEN NAM	ΛE	mr oon		
	William	C. R	ichardso	n	Mary	WIDDIE			acock
16a V	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY N				RESS.		
()	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	14-36-57	74 Pat	ricia W			urv.	k Drive
	18 CAUSE OF DEATH (Enter of	nly one cause per line	for (a) /b), aptd (c),	/	1 =4		77.30		DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	exelved por	wells ne	alest				
117.1	IMMEDIA		A CONSEQUENCE O	25					
	Conditions, if ony, which	DUE TO, OR AS	A CONSEQUENCE C	Jr					
	gave rise to immediate cause (a), stating the	70)	A CONSEQUENCE O	25					
	underlying cause last.	DUE TO, OR AS	A CONSEQUENCE C	Jr.					
30	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTE	BUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	IN AL DISEASE OR CO	NDITION GIV	VEN IN PART	l(a
NO NO									
Y	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PER	RED	200 AUTOPSY?		S, WERE FIND	INGS USED
Ě						YES NO	YE		NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF IN.	MONTH DAY Y		/ INJURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM TB	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAT TI	19					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN		21f LOCA	ATION	CITYOR	TOWN	COUNTY	STAIE
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC	()	NEE!				
	22a.1 certify that (I) (this hasp	ital) oftended the de	ceosed from	1117	19 34	10_///	5	19 89	, that (I) (lost
	sow the deceased alive or above, (1) (صبرا (did) (did m	11 view the hady after	19 84	, and that in (	my) (our) opinion d	leath occurred on the	date and hou	ond from th	e couses stated
1	276. SIGNATURE	strates me body offer	Gooth.	DEGREE				22c. DA1	IE SIGNED
	IN PONON	res MD			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	SICIAN	11/1	15184
	226 PHYSICIAN'S NAME (TYPE	OR PILENT		22e ADD	RESS	200			1
	W. B. Hor	ner, M.D		100	Power	Street,	Salis	sbury.	Md.
	BURIAL, CREMATION, REMOVAL			OF CEMETERY O	OR CREMATORY	23d LOCATION		<u>D</u> 7.	
(	Burial	11/18/	S4 Sala	m Neth	Cem	POCOMO		COUNTY	STATE

DHMH - 16 50M 4/B3

BP.

O FUNERAL DIRECTOR. After this certificate has be-

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR (VRA 15, 4)

Pocomoke

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

to linearant but E. H. S. N. LEGEL S. S. S. LONGOOT N. L. 1982 S. MON HELM L. 1983 S. L. 

ALLENE V, FORMELL BULL TERMINOUS FOR STREET A STREET OF CONTACT SOCIETY in the state of th Brund assess Secret 142 matter but the course of the section Committee of the state of the state of THE PARTY OF THE P Mayor Community and Mayor Hery Yang erith The savery out the same A Agentin

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to be better	S out 2 % at	Maria A. Calvel			
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14/97/71+	11/16	And the contraction of the contr	ingle of index?		

## REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME Lillie Kate 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 26 1895 Caucasian Female BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico Maryland U.S.A. WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Salisbury Peninsula General Hospital housewife 13m STATE Berlin 13d INSIDECITY LIMITS? 13. STREET ADDRESS / ZIP CODE 201 N. Main St., Worcester Maryland YES TX NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDE F MIDDLE Ida James 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217 36 1132 Pete Richardson, Berlin, MD 18 CAUSE OF DEATH (Enter only one couse per line forto), (b), and (c). PART I. DEATH WAS CAUSED BY allule prid IMMEDIATE CAUSE 10) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) 1this haspital) attended the deceased from, and that in (aur) opinion death occurred on the date and hour and from the causes stated w the deceased alive on. above) (1) ( ) (did not) view the body ofter death THISIONATUR ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN PHYSICIAN OWER ST. SALISBURY, MD. KOGER C. MERRILL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Burial 11/13/84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

- STATE

St., Berlin, MD 2181 Anna Burbage 108 Wms

Evergreen Cemetery Berlin

YES |

COUNTY

22 DATE SIGNED

STATE

STATE

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY

Purnell

tos Pares or Shareman, your SHEET EVENT OF BESIDE 

1/	1			STATE OF MARYLAND				
6	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  A REG. NO. 1 6 5 9					
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
noy be	3. SE	Elizab		Rickwood	November .	7 1984 1750 IF UNDER LYEAR IF UNDER 24 HRS		
rtor, pe			4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
		emale	White	07 16 09	75 YRS.			
2 62 10 1	l'e Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
1 100	Ma	ryland	USA	WIDOWED DIVORCED	Wicomico	٨		
1180	Sa	TY OR TOWN OF DEATH	Peninsula Ge	eneral Hospital	(TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS C   INDUSTRY   HOSpital		
Mil 老	30. 30.	AL RESIDENCE (IF NURSING HOME STATE 136, CO	brother institution, GIVE RESIDENCE BEFO UNITY TChesterE New	Warke tyes \ no \	13e STREET ADDRESS / ZIP COD Railroad Ave:	nue/21631		
1	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NA				
7 11/1/	1	William	Howard Blak			ackett		
Poges medica		VAS DECEASED EVER IN U.S. A		4-3142 D. Jennin	ADDRESS ngs Rickwood, E	astNewMarke		
d o s		19 CALISE OF BEATH (Foto:	only one couse per line for (o), (b),	and (c) )		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
ficot pop novo ent, t		DART I DEATH MACCALL	CED BY	vascular collaps		Service Constitution of the Constitution of th		
low requires that the death speen signed by the ortend rimit. Then please remove co prior to buriol, cremation, o ony injury, or other troumot	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  Hyperten  19a DATE OF OPERATION  11-5-84	sion	D DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE IN CERT	VEN IN PART Ito  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc		
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OR ATTENDING PHY: be hospital or ortending IRECTOR: After this ched for use as the bu Dept. of Health and M Hem 21 is marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, ACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE		
		sow the deceased alive	spitol) ottended the deceosed from NOV 7 19 not) view the body after death	Sept 28 19 84 84 ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN J	deoth occurred on the date and ha	. 19 84. that (I) (we) It us and from the causes stated  12t. DATE SIGNED		
TO HOSPITAL OF TO FUNERAL IS Should be deto with the Store I IMPORTANT: If		224 PHYSICIAN'S NAME (TVE		22e ADDRESS		. / 1/		
o HOSI etoined TO FUN should b		David M. R		111 Davis		MD 21801		
5 6 - 2 2 7	23a I	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR FOWN	COUNTY STATE		
BP	B	urial	11-10-84 Ea	astNewMarketCem.	EastNewWarke			
	24. F	UNERAL DIRECTOR		250. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE		
OHMH - 16 50M 4/83 (VRA 1S, 4)	Z	elfer Funer	al Home, Easton	New Market, ND NO	TE REC'D. BY REGISTRAR 256 REG	variation-Number		

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- 11	- STATE REGISTRA	R			ER'S CERTIFICATE	6.43	REG. NO	0 0	ט ט	
	DECEASED N	AME FIRST		WIDDLE	LAST		KNOWN X	MONTH DAY	Y YEAR	26. HOUR
	TIPE OR PRINT)	ROBERT	LEE		RIDGELY	OF DEATH	ESTI-	11-7-	-84	1550
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1	Male	White	March 14	1.1933 51 YF		DEA	D 1.	1-7-84	1 17	1550
11	BIRTHPLACE FOREIGN COUN		76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIED X NEVER MA	APPIED	MORE CITY OF	-	DEATH	
2	Maryl	and WN OF DEATH	USA			OKCED L	comic			MD
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4		es Maurice			Edna	May Ha	iding			
50	WAS DECE		WAR OR DATES)	16b. SOCIAL SECURIT			ADDRESS			
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	18 CAUS	E OF DEATH (Enter on I DEATH WAS CAUSE	ly one couse per line D 8Y:	for (o), (b), and (c).)	c Carcinoma	of Broin		ВЕ	APPROXIMATE ETWEEN ONSET THOTTE	INTERVAL
		IMMEDIA	TE CAUSE (0)	AS A CONSEQUENCE		. OI DIAII			1110110	110
	Cond	litions, if ony, which		Carcinoma					year	S
		rise to immediate (a) stating the under-	(b)	AS A CONSEQUENCE					5 0 012	
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	PART 2 OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN I	IN PART 1 to				
1 3										
7	19a DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?			20	AUTOPSY?	?
			200						YES 🗌	NO 🔀
	21a EXTE	ING OR	216 TIME OF HOUR A.M.	INJURY . MONTH DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART 2)		
1	CONTRIB	UTING CAUSE OF	DEATH P.M.	. 19				231-00		
STATE DEPARTA STATE DEPARTA 21201 PRIGR 1	WHILE AT WOR	RY OCCURRED  NOT WHILE  AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET	CITY OR I	DWN	COUNTY		STATE
		certify that I task charg	ge of the remoins desc	cribed obove, held on	Autopsy . Inspe	ection X, Inquir	X, ond	I in my opinion		
	deoth re	sulted from: Mutua	ol causes X.	Accident . Su	icide , Homicide	. Undetermined r	_			
		1	1		TITLE (SPECIFY	()			- 0	01
1	SIGNAT	RE /pm	-7	-	M.D. Deput	MEDICAL EXA	MINER	DATE SIGNED	11-8-	-011
4	EXAMIDE TYPE OR	PRINTS EAT	rl L. Ro	yer, M.D.	ADDRESS 409	Camden .	Ave.,	Salis	bury,	Md.
23	BURIAL, CRE	MATION, REMOVAL		23c NAME OF CEA	METERY OR CREMATORY	236 LOCATION		COUNTY	ST	ATE
24	FUNERALD		Nov. 12,1	70H 10 HZ	el Cemetery	Laurel ATE REC'D. BY REGISTE	Maryl	and TRAR'S SIGNA	ATLIDE	45.
1	DONGE	dson Funera	A Hamp	Laurel, N	44.00	T3	Alle Levi	TRAK S SIGNA	ALCE.	
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(VRA 15, 4)

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(TYPE OR PRINT)

REGISTRAR

JESSE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

LAST 20 DATE OF DEATH 2b HOUR Nov. 19, 1984 2:50 **ERROL** ROWE AGE (IN YEARS LAST SIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Wicomico County. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MACHINE OPERATOR 13e.STREET ADDRESS / ZIP CODE RD, #1 BOX 104 DUKES ADDRESS DAGSBORO 104 DELAWARE RD.#1 BOX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my (our) apinion death accurred on the date and hour and from the causes stated Deer's Head Center, Salisbury, MD.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN DAGSBORO MEMORTAL DAGSBORO

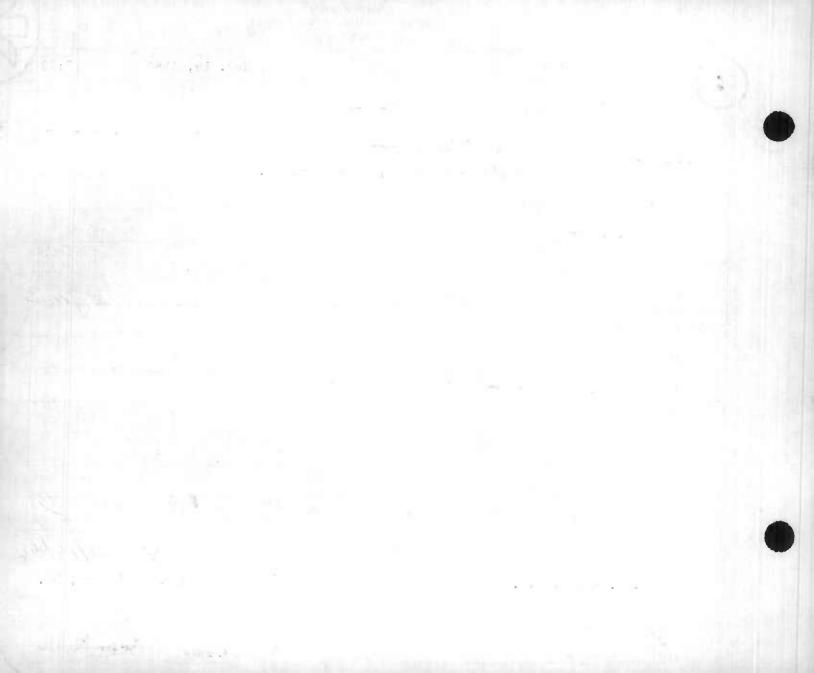
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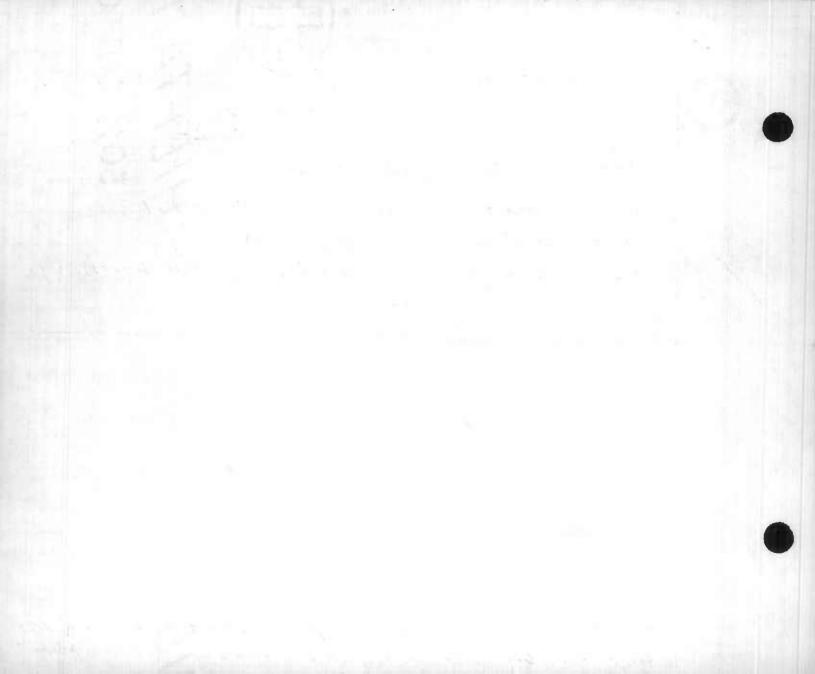
MELSON FUNERAL SERVICES FRANKFORD. DELAWARE

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BY REGISTRAR 25% REGISTRAR

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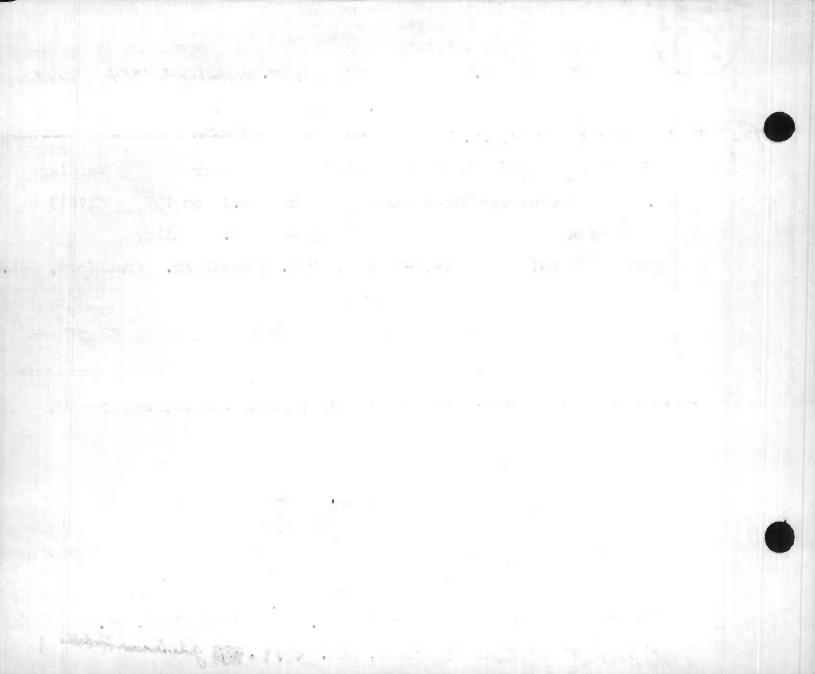


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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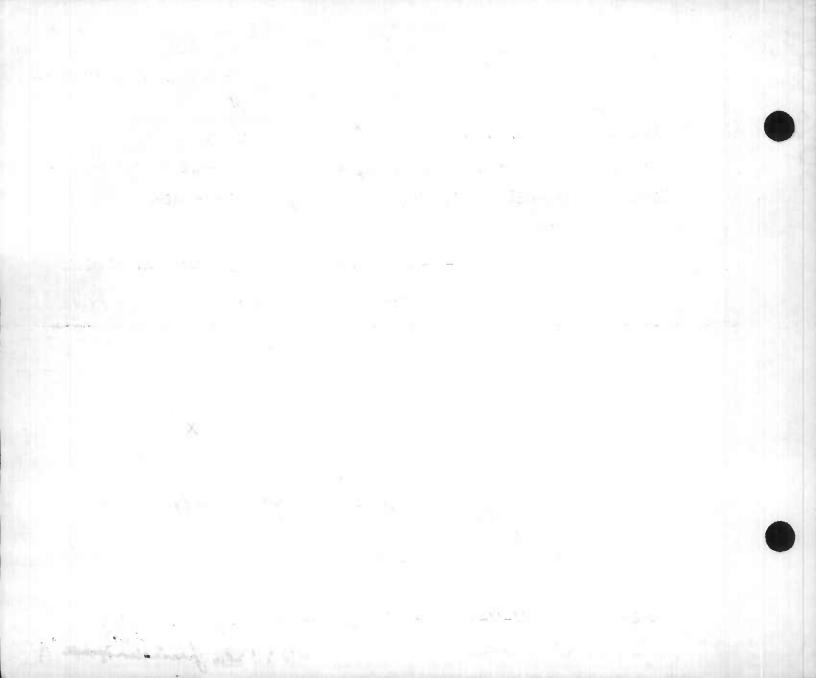
n .	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
oybe 3	(1791	CEASED NAME FIRST OR PRINT) JESSIE		Small	Novembra		
rector.		female	white	S. Date of Birth  Month  Tarch 26, 1900	84 YRS	HUNDER LYEAR IF UNDER 24 HRS	
death. Pe		RTHPLACE (STATE OR FOREIGN 7) COUNTRY) Maryland ITY OR TOWN OF DEATH	USA	MARRIED NEVER MARRIED ! WIDOWED DIVORCED [	Micomico	MD	
ours offer in by the e filed wife	Sa		Pehrinsula "Gene	-	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT  housewife	12b. KIND OF BUSINESS OR INDUSTRY	
hin 24 ho	13a :	STATE 136 COUNTY	Y 13c CITY OR T		616 Walnut S	treet	
complete and and	1		THE OWNER OF THE PERSON	rdson Mary	MIDDLE	Blades	
cion ond cron ond ers. Pog			var Or Dates) 220 – 3	32-7580 William	E. Small Pocomo	larbor Road ke City. Md.	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial-stronsis permit. Then please remove carbon papers. Pag. and should be filled in by as the burial-stronsis permit. Then please remove carbon papers. Pag. and should be filled in by as the burial-stronsis permit. Then please remove carbon papers.	NO	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSE	SULPP REAL FROM	RMINAL DISEASE OR CONDITION GIV		
The low rection.  e hos been sit permit. I giene prior hows any is	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
PHYSICIAN: TI ending physicia this certificate te burial-transi and Mental Hygin d or them 18 sh	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE EITHER, NOTHEY MEDICAL EXAMINER) 216 INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (All HOME STREET, FACTORY, OFFI	19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM IB P.	ART ) OR PART 2)  COUNTY STATE	
R ATTEND hospital or RECTOR: A red for use tot Heal for use the 21 is m	2	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this hospital saw the decessed alive on above, (1) (sue) (did) (did not).  270. SIGNATURE	) attended the deceased fro	m_11/5 , 19_5	on death occurred on the date and have	19 64 that (I) (we) lost and Irom the couses stated	
O HOSPITAL OF etained by the TO FUNERAL DI should be detach with the State De MAPORTANT. If It		778 PHYSICIAN'S NAME (IVPE ORP W. B. Horne	r. M.D.		Street, Salishum	Md 21801	
BP		BURIAL, CREMATION, REMOVAL SPECEY) BURIAL JNERAL DIRECTOR	23h DATE 2 11/17/84		em Pocomoke Wo		
DHMH - 16 50M 4/83 (VRA 15, 4)	5	cotf S. Melson	Pocomo	55	ATÉ REC'D. BY REGISTRAR 755. REGISTI	KAR 2 2IGNATURE	

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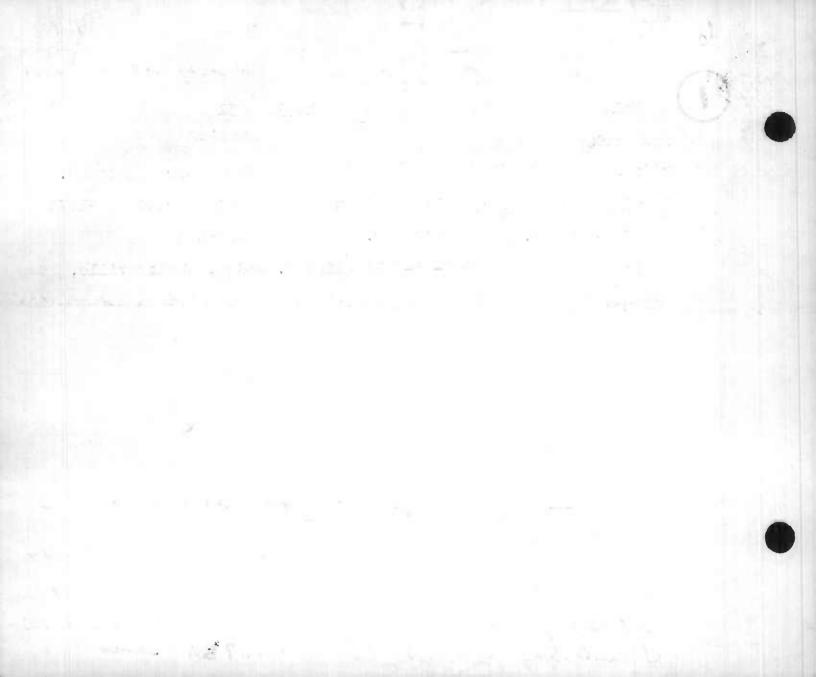
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- FLANNO . 1. 3. 7 77 , 11. 2 1 10 1 2 cradingram Seritary Maryland Moroacter Forlin , s . Pt. 1, Pox 83, 21911 Mary Aces 10 2606 Delen Spare, Pt. 1, Box 63, Merlin, Min 11/11/24 Evergraen Committery Forling Anna A. Burlane, 108 has. Ct., Berlin, and Witters Atlantation

	1	STATE OF MARYLAND	
3/	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 8 4 3 1 6 6 9	
CX.		REG. NO.  EASED NAME FIRST MIDDLE LAST 29. DATE OF DEATH MONTH DAY YEAR 20 HOUR	-
( # )		Lottie M Spicer 11 13 84 73 %	7
and	3. SE	FEMALE BLACK STATE OF BIRTH  MONTH DAY YEAR  4. RACE  BLACK  S. BATE OF BIRTH  MONTH DAY YEAR  4. 10 1919  6. AGE (INYEARS LAST BIRTHDAY)  WONTHS DAYS HOURS MIN	
91 1183		THPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   WICOMICO MD	).
1 190	30	TOR TOWN OF DEATH  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  121 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
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1 19	14. F/	THER'S NAME  ASSI	-
1 1 2 2		AS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT  S. NO ORANKHOWN (IF YES, GIVE WAR OR DATES)  THE SECURITY NO. 17 INFORMANT  ADDRESS  THE SECURITY NO. 17 INFORMANT  ADDRESS  THE SECURITY NO. 17 INFORMANT  THE SECURITY NO. 17 INFORMATT  THE SECURITY NO	-
1 11		7/0   273-18-6110 KOTTIE CALLCART-DOMERSE 11, DRYSEL	1
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A decision of the city of the		Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	-
that that the property of control con		underlying cause last.	_
ROS, 2 Reporter Than pr	NO	PART POTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH AND NOT RELATED THE RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
The state of the s	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO	
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New And American	ME	NOT WHILE AT WORLD STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE	
A 20		220.1 sertify that (1) (this haspital) attended the deceased from	
CHARLE STATE		when declared alive an 19 19 and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated above. (I) (w) (did) (did not) view the body after death.  DEGREE	_
A STATE OF THE STA		Walded 11-13-84	
HOSPINE AND		27d PHYSICIAN'S NAME (TYPE OR PRINT)  13 14 KIDLING DR. SULLING. Hd 2180	1
51 541 54	234	INIAL CREMATION, REMOVAL 736, DATE 736, NAME OF CEMETERY OR CREMATORY 234, LOCATION ONLY	=
BP	24 F	MARAL DIRECTOR 1884 MT. PEEN MAYION SOM. Md.	-
DHMH - 16 50M 4/83 (VRA 15, 4)	Z	NOV 1 6 1984 The Davidson-Name	н

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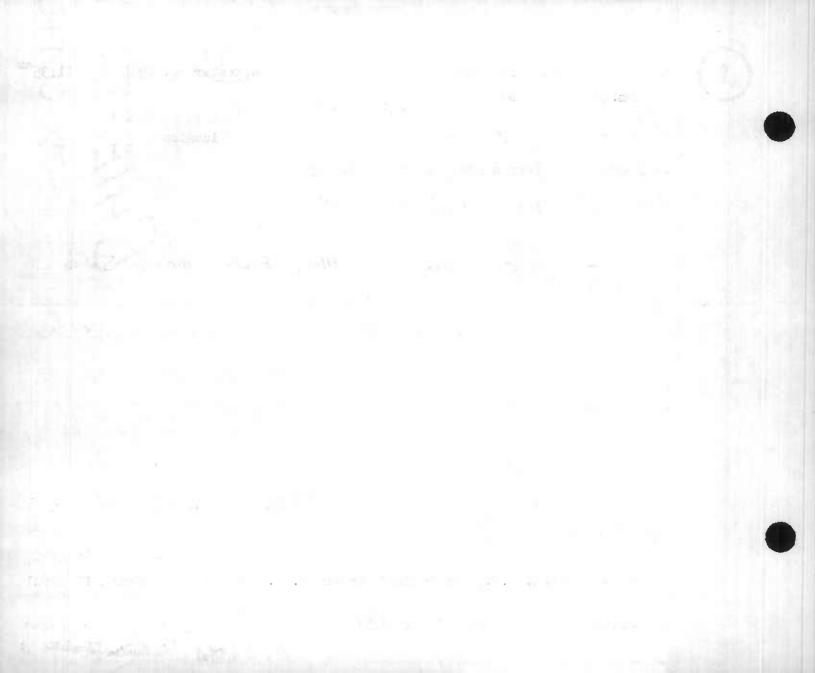
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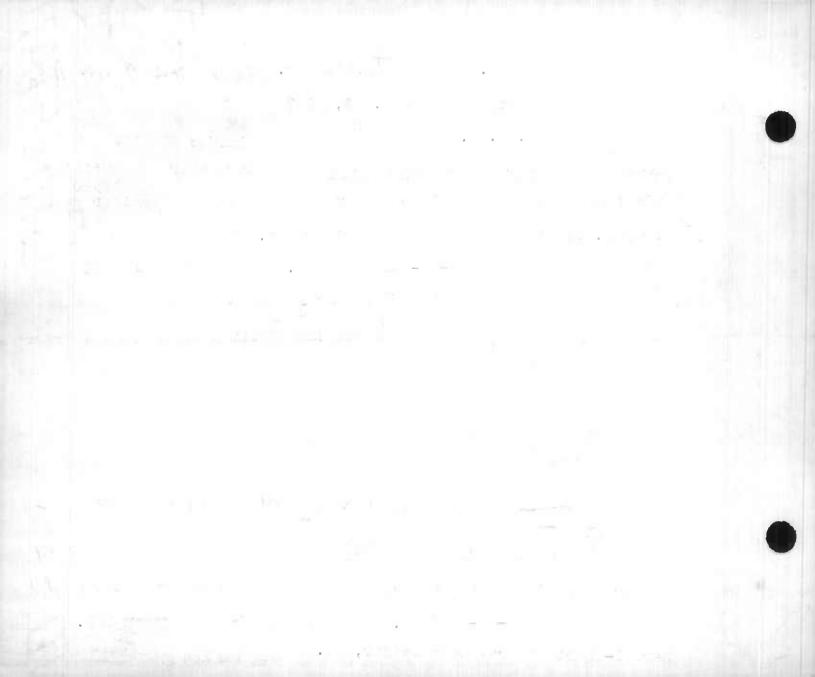
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	i i	REGISTRAR				CERTIF	ICATE OF D	REG. NO.					
		CEASED NAME	FIRST	,	AIDDLE	-	AST		20 DATE OF	DEATH	MONTH	DAY YEAR 2	b. HOUR
	(TYPE	OR PRINT)	Paul	R.		11	NGLE	Sr.	Nov	EMAL	ER '	9 1984	1110 , M
	3 SEX	(		4 RACE		5. DATE C			6 AGE INY	EARS LAST BIRT			IF UNDER 244185
	- N	Male		White		Jan.	19, 1	927	57		YRS.	MONTHS DAYS	HOURS MIN.
C		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D 🖾 NEVER M	APPIED [	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	
7	Ma	ryland		U. S.	A.	WIDOWE		ORCED T	Wicom	nico			MD
j	10 CI	TY OR TOWN OF DI	ATH		HOSPITAL, NURSI H FACILITY, GIVE STREE	ING HOME C		ITUTION	12a USUAL (	OCCUPATION AND TO	WORKING LIF	E) INDUSTRY	BUSINESS OR
-		lisbury			la Gener		pital_		Carp	enter	<u> </u>	Build	ing
0	13g. S	AL RESIDENCE (IF NO TATE Plaware	136 COUN	OTHER INSTITUTION, UTY SBCX	Delma	WN	13d INSIDE CI	TY LIMITS?	Holl:	y Oal	ZIP CODE	19940 liler P	ark
a	14. FA	THER'S NAME		MIDD1E	LAST		15. MOTHER'S		AME				
7	На		Tingl		IASI		Mild	red A	. Lit	tleto		LAST	7.
5	15	VAS DECEASED EVE		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMAL	11		ADDRE	SS		
5	Ye	98	WW	II	222-12-	-4917	Helen	M. T	ingle	sar	ne as		ATE INTERVAL
	CERTIFICATION	Conditions, if an gave rise to in cause (a), stot underlying courself PART 2 OTHER SIG	y, which nmediate ring the se lost.	DUE TO, OI	R AS A CONSEQUENT RAS A CONSEQUENT RIBUTING TO	JENCE OF			MINAL DISEAS		20b. IF YES	EN IN PART I TO S, WERE FINDING YING CAUSES O	
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1	MEDICAL CI	OR CONTRIBUTING  (IF EITHER NOTIFY ME  21d INJURY OCCU  WHILE AT WORK AT WO  220 1 certify that (  saw the decedent	CAUSE OF DEAD DICAL EXAMINES RRED WHILE ORK  I) (Mrs. 1-4) Issed alive an	P. 21e PLACE (AT HOME STR	M. MONTH [M. OF INJURY OFFICE, FACTORY, OFFICE, e. deceased from 19.00]	FARM ETC ]	211 LOCATIO STREET	. 19	. todeath accurre	CITY OR FOV	/ / ite and hau	COUNTY	
_		22d. PHYSICIAN'S N	NAME (TYPE S	NO VI		V J			MEDICAL	STAF PHYSIC		111/9	1184
		Josep	IN R	1. GR	0820	MD	1300	. S.	nor	m	St	SAUS.	md
		URIAL, CREMATION SPECIFY) 1 1 2 1	, REMOVAL	23b. DATE			EMETERY OR C			ORTOWN		COUNTY	STATE
	_	IT1aL JNERAL DIRECTOR		111-12	-1984 8	St. S	tephen	S Com	- 000		usse		25
	7/10	rvel-Sh	ont E	hinanal	Home	)elmaı	c, De.	MIC	AL E	400 A	1 6.	Davidson-	andell.
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Norman F. Dennis

(VRA 15, 4)

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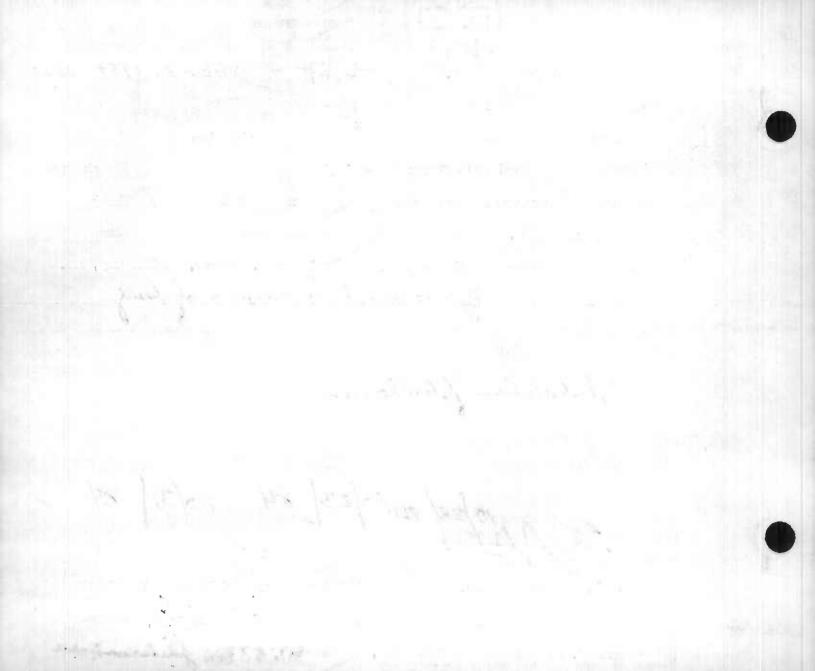
	.17		m 13e	per pho		DEPAI	RTMENT OF	HEALTH	AND M	ENTAL H	E. 30		1-2	1	6	7 6	
	11		REGISTRAR				LEXAMIN	IER'S		CATEO			REG.	NO.	9	, ,	
	7		CEASED NAMI E OR PRINT)	CARROI	т.	LE		th.	RAVER	S	2	OF DEATH	ESTI-	M MON	TH 0.	18-0	26. HOUR 2030
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6	SAN SERS	Ta BI	RTHPLACE (5' REIGN COUNTRY) Md	TATE OR	76 CITIZEN C			WIDOW		DIVORCE	D T		.com	ico		OF DEATH	MD.
	2, AND JOHE US 2, AND 3 TO THE US 3. RETAIN PAGE 5: SHOULD BE ILED ALRECORDS, 201	500	salisb		II. NAME OF PENI	HOSPITAL, I	NURSING HOM VE STREET ADDRESS) A Gene:	e, or oth	ER INSTITU Hospi	tal	12a. USU.	AL OCCUPA ST OF WORK	ATION (	TYPE OF WO	RK 12b	KIND OF BU OR INDUSTI Seal O	SINESS RY Od
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RE, MD.	PM 3. NND 2 SF	14. F.	Thom		MIDDLE	r	Fråver	S	15. MOTHE	r's MAIDE	ia 1	MIC	DOLE	Dor	nalo	1 s <sup>AST</sup>	
, BALTIMORE, MD.	OURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 31 OT 11 3. WITH FORM PM 3. RETAIN PA IIT. PAGES 1 AND 2 SHOULD BE IF E. DIVISION DELAYITAL RECORDS 2	160 V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	218	8-48-8	Y NO. 048	Thon		rave	ers,C	ADDRE		ld.	2181	6
	24 HOURS AF ITEM 18. GIV LONG WITH PERMIT. PAG GIENE, DIVISI		18 CAUSE O PART I DE	F DEATH (Enter of ATH WAS CAUS IMMEDIA	ED BY: ATE CAUSE (a)_	Aspl	nyxia								-	APPROXIMATE BETWEEN ONSET	AND DEATH
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, 201 W.	CUTED WITHING IN PENCIL I EXAMINER EXAMINER RIAL - TRANS ID MENTAL ION, OR REA		lying cou		(c)_	Acu	te Alc	ohol		l si						year	S
CORDS	ILD BE EXEC PENDING" MEDICAL D AS A BUI HEALTH AN	NO	PART 2 OTHER SI	GNIFICANT CONDITION	CONTRIBUTING TO	DEATH BUT NOT I	RELATED TO THE TER	AINAL DISEAS	E OR CONDITION	N GIVEN IN PAR	Tla,			W			
ITAL RE	WORD "PEI WORD "PEI HE CHIEF N D BE USED A ENT OF HE	CERTIFICATION	190 DATE OF	OPERATION	19b. CC	NDITION FO	OR WHICH OPE	RATION W	AS PERFOR	MED?	hij,				20	YES	Том
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DIVISIO	THIS CERTIFICATE SH, WRITING THE WOR WARDED TO THE CHARGE 3 SHOULD BE. TATE DEPARTMENT C 21201 PRIOR TO BUR	MEDICAL	214 INJURY C		21e PL		IRY (AT HOME,		CATION			CITY OR TOW	N		COUNTY		STATE
_	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P		220   certi	fy that I took char ed fram: Nat	ge of the remoin			Autap	sy			Inquiry I		and in my	opinio	n	
V	SHOUL SHOUL ERAL D EATH, V		ACTUAL SIGNATURE	fu	( \ \	~		M		puty	MEDK	CAL EXAMI	NER	DAT SIG	NED_	12-3-	84
	XECUTE PAGE 4		EXAMPLER'S (TYPE OR PRII	***	cl L. F				ADDKESS_				re.,	Sal	Lis	bury,	Md.
	8P			ial			ock Cr	eek				nance		Som	OUNTY	Md	ATE
	DHMH - 17 (VR A15 ME (5))	24. F	NAME TOSTE	Funer	al Home	press De	al Isl	and,	Md.	DEC DEC		1984	256 RE	GISTRAR'	SSIGN	ATURE	

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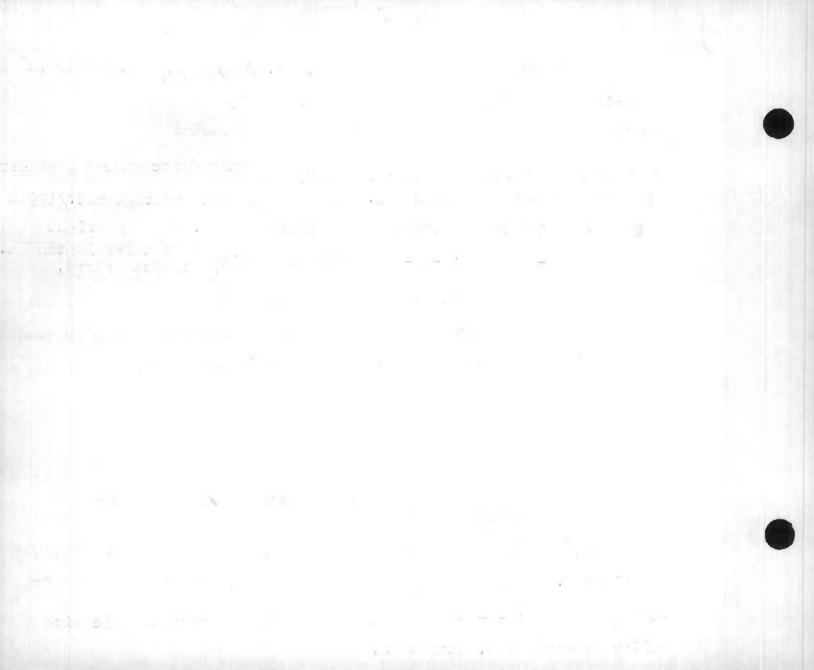
Snow Hill, Maryland

Norman F. Dennis

(VRA 15, 4)



STATE OF MARYLAND



-1	1	#1,15,17,Fil	mG598 12/	6/84 kam		MARYLAND H AND MENTAL HY	CIENT	1600 B 4	~ ~
30	1.	STATE REGISTRAR		DETARIM		TE OF DEATH	REG. N	3   6	) / 4
(0)		CEASED NAME FIRST	ר ר	Maurice M	TILLI	ILEM	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(1)	3 SE		4. RACE		5. DATE OF BIR	TH YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEKR IF UNDER 24 HE S DAYS HOURS ME
oge ones	-	Male RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	1114011111	04 1913	71	YRS.	
nerol d		alisbury, Maryl		J.S.A.	MARRIED XX	NEVER MARRIED DIVORCED	Wicomico	K COONTT OF E	EATH
by the for	Sa Sa	lisbury	Peninsu	HOSPITAL, NURSING La Genera	G HOME OR OT		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired Fo	F WORKING LIFE) IN	L KIND OF BUSINESS ( DUSTRY
in 24 hou y filled in ihauld be	13a.	laryland   Wi	OUNTY COMICO	Salisbury	y 13d.	INSIDE CITY LIMITS?  NO  NO	Route #2	Box 251	21801
ed with	14. F	ATHER'S NAME W.	Fred T	willey	12 V	Nannie M	1. MIDDLE	isaroon-D	isharoon
on ond con. Poges	16a N	NAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES?	166 SOCIAL SECUI 20-34-950		NFORMANT MI	rs. Mildred	r.c.c	
physicio propersion pr		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (o)	line for (0), (b), and Hepat	tic fa	Die			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ending e carbo in, or re		Control of		RAS A CONSEQUE				1	3 years
by the off		Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying couse los	e DUE TO, OF	RAS A CONSEQUE		static t	teratitis		>4 year
signed hen plec to buriol njury, or	Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO		DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART IIO
he low re- on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION Levine Shunt InvHerria Repa	10/4/ 196 CONDI	efrector	OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
CIAN: T g physici prificote of-fronsi atol Hyg em 18 sh		210 CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LITTER NOTIFY MEDICAL EXA	G 1216 TIME O HOUR A.	M. MONTH DA	210	HOW INJURY OCCL	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)
G PHYSI optending optending ter this ce is the burill ond Mericked or Its	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE		211	LOCATION	CITY OR TO	OWN (	OUNTY STATE
TTENDIN pital or TOR: Africa of Health		220. I certify that H (this sow the deceased alimabave, (I) (we) (did) (d	re an	10-16/198	10 - (4, ond the	2 — , 19 <b>84</b> at in (my) (our) opinio	n death occurred on the d		from the causes stated
At OR A the hos AL DIRECTORNED by Dire Dept		22b. SIGNATURE	Genius	>	M. D.	ATTENDING PHYSICIAN	MEDICAL STA		11-20-8
TO HOSPITAL TO FUNERAL should be der with the Store		George Gal		A.D.	22e	ADDRESS	Avenue, Salisl		21801
BP	23a	BURIAL, CREMATION, REMO (SPECIFY) Burial	23h DATE 11/17			tery or crematory Cemetery	Salisbur		mico Marylla
DHMH ~ 16 50M 4/B3 (VRA 15, 4)	24 F	UNERAL DIRECTOR Hölloway Fur	neral Home	, P.A.DoreSa	lisbury,	A A 1	OS 1000 Lu		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR	DEFAR	CERTIFICATE O	F DEATH	REG. NO.	00	
	17196	CEASED NAME HARRY	MIDDLE	Whi	TENT. 1	OVENDER	20 198 Y	26 HOUR 12/5 M
,	2,583	MALE	White	5. DATE OF BIRTH	-1915	E (IN YEARS LAST BIRTHDAY)  69 YRS		IF UNDER 24 HRS HOURS MIN.
2	1	Taryland	76 CITIZEN OF WHAT COUNTR	MARRIED   NEV	DIVORCED [	TIMORE CITY OR COUN WICOMICO		MD.
2	5	Salisbury	Peninsula Ge	neral Hosp	/TYPE O	WORK FOR MOST OF WORKING	126 KIND OI INDUSTRY	F BUSINESS OR
5	M	TATE OF AME	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13, SITY OR TO SOURCE SOURCE	HI / ISE T	NO 13 13 ST	T3-BOX 17	/218	63
30		Harry 7	Whyte	Sr.	Belle	MIDDLE	Turpin	,
2	()	YES, NO OBJINKNOWN) (IF YES, GIN	PARED FORCES? VE WAR OR DATES)  16b SOCIAL SE	854 M Vir	ginia Cele	EVansi	ton, II	/.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA <sup>3</sup>	TE CAUSE (a)	atic Adm	Cammo	1 premary	APPROXIMEN O	MATE INTERVAL INSET AND DEATH
		Canditians, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF	ben chy	pertalema		
	TION	Ademoca	CONDITIONS CONTRIBUTING TO	gallvda	dolle.	ISEASE OR CONDITION C		
2	CERTIFICATION	190 DATE OF OPERATION 11284 210 ACCIDENT WAS UNDERLYING	21b TUNE OF INJURY	aprotenet	un RUCKS YES	NO NO ER	YES, WERE FINDIN TIFYING CAUSES YES []	OF DEATH?
1	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		nter nature of injury in Item 11	8 PART 1 OR PART 2)	
	MEL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		REEJ	CITY OR TOWN	COUNTY	STATE
Ĭ			ital) attended the deceased from 19	, and that in (	my) (aur) apinian death o	occurred an the date and hi	aur and from the c	
		224 PHYSICIAN'S NAME (TYPE O	Maw -	DE GREE	PHYSICIAN DIREC	STAFF CTOR PHYSICIAN	221 DATES	20/14
	73a B	C RAU	13 HAW	NAME OF CEMETERY		LOCATION		
57.		TOE WALL	Til a call	CEMELEK!	234.	CITY OR TOWN		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

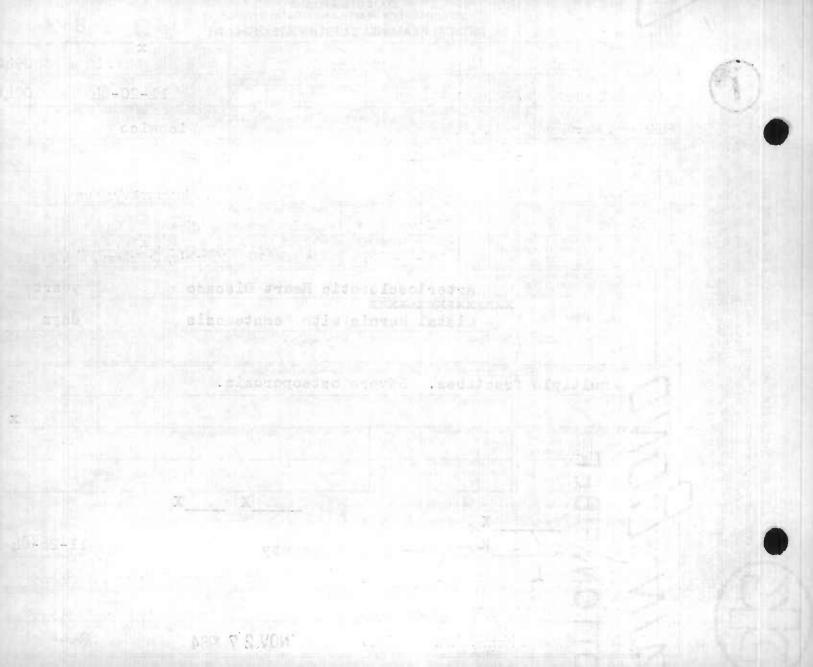
24 FUNERAL DIRECTOR

DATE RECID BY REGISTRAR 256 REGISTRAR'S SAC V 2 6 1984 Sula Davidson

HORSE STATE THE STATE OF THE ST 10-14-1915 69 Maryand 454 Steerdoo Enlishing Denimenta Ceneral Hospital / West World Horgan Wareston Some thill - 1 7.73-301.17 121863 KNOW of White St Bolle Twois HA SOLVERS & VICTORIO CHE EXPOSTER IN The Towns of the Manual of the Manual of the Artist of the beautiful as a fortune of applications educerous and a sell-broader Palvide Palvid Parist 11-23-54 Summer Such Hill Varior British & Donn't South Hill All and 18 18 18 4 4 Steel South Sharens

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF SEATH REGISTRAR DECEASED NAME KNOWN (X MONTH 7b. HOUR 0940 Susie Wilkinson DEATH MATED NOV. Alma 4 RACE 0940 Female White 08 1891 30 DEAD TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX Salisbury, Maryland Wicomico U.S.A. 120 USUAL OCCUPATION (TYPE OF WORK 18 CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Peninsula General Medical Center Salisbury Housewife Wicomico 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 616 N. Pinehurst Avenue Salisbury Maryland 15. MOTHER'S MAIDEN NAME Orlando Wilkinson Lelia Alice Truitt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) Rte #5Mr. #3 harles Dashiell (Nephew). 214-10-8139 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease years days Hiatal Hernia with Hematemesis Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Multiple fractures. Severe osteoporosis. E 3 SHOULD BE USED A E DEPARTMENT OF HE OF PRIOR TO BURIAL, O 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BAUTIMORE, MARYLAND, 2120 AT WORK 220 I certify that I taok charge of the remains described above, held an Autopsy Accident 11-26-84 EXAMINER'S NAME Earl & Royer, M.D. Camden Avenue, Salisbury, Maryland 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 11/23/1984 Hebron Cemetery Hebron Hebron Wicomico Maryland
250. Date REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR **DHMH - 17** raydon-Randale Holloway Funeral Home, P.A., Salisbury, Md. NOV 2 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

60 12

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 1 0 0 0
		EASED NAME RICHARD	FUGERIE	Williams		26.1984 8:15 AM
	3. SEX		RACE WHITE	S. DATE OF BIRTH  ANTH 1 DAY 1922	6 AGE (IN YEARS LAST BIRTH	
		THPLACE (STAY OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR WICOMICO	COUNTY OF DEATH  MD.
7	Sa	-	eninsula Genera	I Hospital	12 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
	MA	PRY/AND WIC	HER INSTITUTION GIVE RESIDENCE BY ORE A	YES NOW	13e.STREET ADDRESS	SING DR 21801
0	14. FA	PAYMOND ME	Welliam.	5 SMOTHER'S MAIDEN NAMES	RINZ MIDDLE	Weight
		AS DECEASED EVER IN U.S. ARME ES. 10 IN UNKNOWN) (IF YES, GIVE W	TAR OR DATES)  220-10-8	346 MARIES	Willisms	Same 15 130.
	NO	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	tic Malignent	MK/AND	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ITION GIVEN IN PART 110
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
1	MEDICAL CER	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION	RED (ENTER NATURE OF INJURY	
	ME	WHILE AT WORK AT WORK  22a   certify that (1) (this haspital	11/26	J 11/17 19 87	/	1, 64
		The SIGNATURE  274 PHYSICIAN'S NAME (17PE OF DAVI &	Level of the body and dough	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI	22c. DATE SIGNED
		UPIAL, CREMATION, REMOVAL	73b D 2 73c N		123d LOCATION	

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicia

OR ATTENDING PHYSICIAN: The low

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: # Hem 21 is morked or Hem 18 shows ony

injury, or other froumotic event, the

(VRA 15, 4)

BP.

L. V. J. Landing Williams Summing Lines L. V. S. Exercise - Section 5 - September 11 - Lilling Pletaret Pulgant Hanney and the state of the control of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME 2b. HOUR Luther James Henry November 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR (ELINDER 21 MRC White Male 70. BIRTHPLACE (STATE OR EOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland USA DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIEE) Peninsula General Hospital INDUSTRY Salisbury Pipefitter Retired USUAL RESIDENCE (1E NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 138. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Sharptown Wicomico 302 Nanticoke St./21861 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Covey Bertie Wright P ADDRESS BOX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Ruth J. Willin Sharptown, 219-05-21861 Yes APPROXIMATE INTERVAL BETWEEN ONS IT AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ici PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 211 LOCATION STATE

21d INJURY OCCURRED NOT WHILE

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

CITY OR TOWN

COUNTY

22a | certify that (1) (this haspita) attended the deceased from

DEGREE

22e ADDRESS

own Firemen's

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

THE PHYSICIAN'S NAME STIPE CHIEFLY

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

DHMH - 16 50M 4/83

(VRA 15, 4)

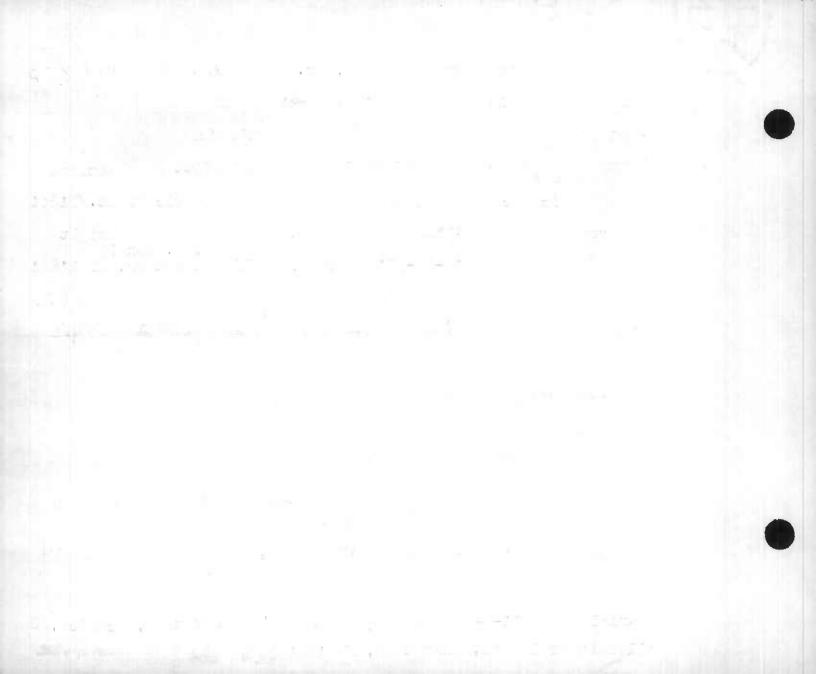
MPORTANT.

Burial 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Zeller Funeral Home, Sharptown, MD21861NO

Sharptown



STATE			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	0 4	3 1	6 8	5
REGISTRAR ASED NAME	FIRST	A	MIDDLE			REG. N	O. MONTH DAY	YEAR 21	HOUR
YPE OR PRINT) Mae				W	ilson	November 4	, 1984		5:45
	4	RACE							UNDER 24 H
nalo	1	siacl	4	Febr	uary 26, 1941	43		DAYS	OURS M
THPLACE (STATE OR FO	OREIGN 51	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		EATH	
lisbury		Deer	s head C	enter	OR OTHER INSTITUTION				USINESS
A.	NG ME OR O COUNT	THER INSTITUTION			134 INSIDE CITY LIMITS?		ZIP CODE	216	13
RON	MI	DOLE Mi	tchett		EMMA	WIDDLE	Can	PR L	
AS DECEASED EVER ( s, NO OR UNKNOWN)			166. SOCIAL SECU	77/0	Robert Cana	- 725 Rose	enount	CA Ave 1	ndi
gave rise to imm cause (a), stating underlying cause	nediate g the last.	(b) DUE TO, OI	Caycii R AS A CONSEQUE	NOM ENCE OF	a of cx	Stage	DITION GIVEN IN	I PARI Ita	
Hydr	onef	hrosi	is Z 1	Zono	al insu	Micien	Cy		CHEED
THE OF OPERAL	1014	140. CONDI	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NOW		CAUSES OF	
OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	OR PART 2)	
				FARM, ETC.)	21E LOCATION STREET	CITY OF TO	OWN (	OUNTY	STAT
saw the decease	d alive an_		19	8/	. 17	. 10	ate and haur and		it (I) (we) uses state
22b. SIGNATURE	1 - 8	Luc	the		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF	11. L	GNED 1.82
224. PHYSICIAN'S NA					22e ADDRESS				
	PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART 3 OTHER SIGN PART 4 OTHER SIGN PART 4 OTHER SIGN PART 5 OTHER SIGN PART 6 OTHER SIGN PART 7 OTHER SIGN PART 8 OTHER SIGN PART 8 OTHER SIGN PART 9 OTHER	MACE  (PRINT)  MACE  (PRINT)  (PRINT)  (PRIOR OF DEATH  (PRIOR	MACE    PARCE   STATE OR FOREIGN   SECTITIZEN OF ON TOWN OF DEATH   STATE OF OR COUNTY	TRESIDENCE (IF NURSING MAE OR OTHER INSTITUTION GIVE RESIDENCE (IF NURSING MAE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY)  AS DECEASED EVER IN U.S. ARMED FORCES?  AS DECEASED EVER IN U.S. ARMED FORCES?  B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE COUNTY (b)  Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (b)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (b)  PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (c)  PART 4 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (c)  PART 5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (c)  PART 6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE COUNTY (c)  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTION FOR WHICH CONTRIBUTING TO VALVO DUE TO, OR AS A CONSEQUENCE CONTRIBUTION FOR WHICH CONTRI	MARCE  THELACE (STATE OR FOREIGN ID. CITIZEN OF WHAT COUNTRY? B. MARRIE WIDOW)  OR TOWN OF DEATH  I. NAME OF HOSPITAL, NURSING HOME OR COUNTRY ID. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL HOME.  1	MARCE   S. DATE OF BIRTH   MOMIN   DATE   MARKED   DATE   MARKED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   DATE   DATE   NO   DATE   DATE   NO   DATE   DATE   NO   DATE   NO	MARKED   NOVEMBER   1   AGE   INVERSION   1   AGE   INVERSION	MARRIED DAY 26, 1941 FOR SALTIMORE CITY OF COUNTRY OF DETERMINATION OF UNITARY OF HEAD ACRES OF CONDITION OF UNITARY OF THE ACRES OF CONDITION OF THE ACRES OF CONDITION OF UNITARY OF THE ACRES OF CONDITION OF THE ACRES OF CONDITI	MARRIED   NOVEMBER 4, 1984  FEDTUATY 26, 1911   AGE INTRASLASISSISTICANY   FORTURY 26, 1911   AGE INTRASLASISSISTICANY 26, 1911   AGE INTRASLASISTICANY 26, 19

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

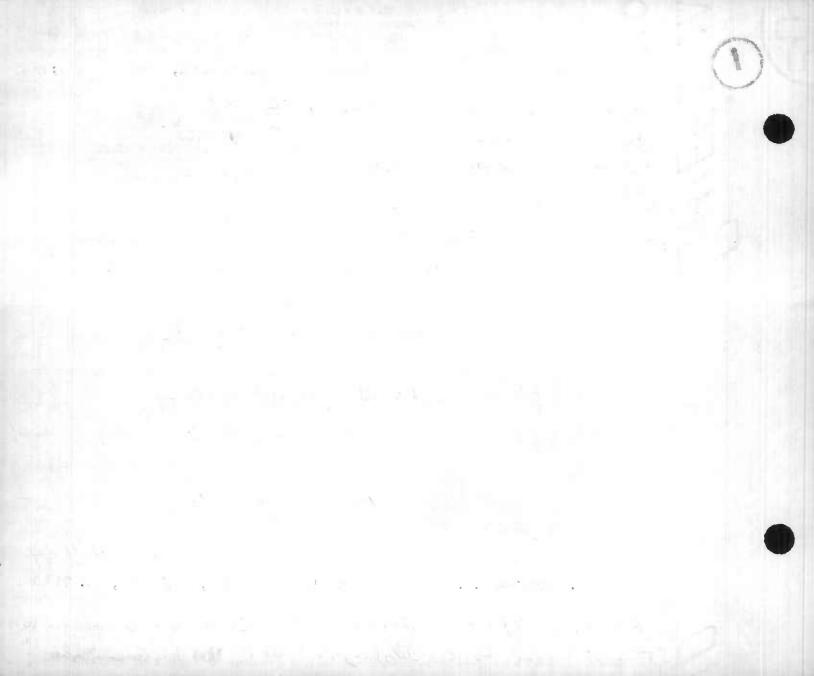
should be detached for use as the burial-transitional the State Dept. of Health and Mental Hygis

IMPORTANT, If Barn 21 is

ATTENDING PHYSICIAN.

TO HOSPITAL

oghed by the



20M 4/82

STATE OF MARYLAND

Bliff Mary - 16 E Mariant

1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 3	687
	DECEASED NAME FIRST	· MIDDLE	WinsLow	October 30	1984 0430
A	Male Sex	RACE White	July 6, DAY 1914	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Wicomico	OF DEATH MD.
	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN PENTINSULA GIGERA		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Gasoline Serv	126 KD DOFFILM THE SOR INDUSTRY INCOME.
TO Allen I	e. STATE COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW LORSET Westove	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Route #2	21871
and 2 sh	FATHER'S NAME Urban	Windlow LAST	15. MOTHER'S MAIDEN NA Mary	Elizabeth .	? LAST
Poget 19	WAS DECEASED EVER IN U.S. AT	VE WAR OR DATES	RITY NO. 17 INFORMANT -2932Mrs. Virgil		oute #2 estover, Md.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ed by the ottending plans emper corbon union cremotion, or re-	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	DIOCENIC SHOCK	TION	EN IN PART I I I
the been up	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
this certification of Mexico Hygo dor New 18 th	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ARI 1 OR PARI 2)
After the lets and A norked or	AT WORK AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, F.	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
RECTOR and for use pt of Mee em 21 its	saw the deceased alive ar	ital) attended the deceosed from	84, and that in (my) (ar) opinion  DEGREE	death occurred an the date and hau	
VERAL DIE	22d. PHYSICIAN'S NAME AND	ame Laffe	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-30-84
ould be de de the the State	TAMES	L. CLIFFORD	MO SUITE A	+ 12 MEDICALCE	WIER COUSENEY

DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

Cristield; Somerset, Md.

